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ABSTRACT

This functional curriculum is intended to teach people with developmental disabilities or other learning problems how to prevent infection with HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome). The entire curriculum includes six video segments, four illustrated brochures, 28 slides and illustrations, as well as a guide to 18 lessons. Introductory materials cover such topics as policies and procedures, administrative and parental support, preparation of instructors, assessment of outcomes, and approaches to instruction. Lessons address questions such as the following: "What is AIDS?"; "What causes AIDS?"; "Who can get AIDS?"; "How can you tell if a person has the virus?"; "How can I protect myself if someone near me is bleeding?"; "How can I protect myself from getting the AIDS virus through sexual activity?"; "How can I say "no" to having sex?"; "What is a condom?"; "How do people use condoms?"; "How do people get condoms?"; "How can I insist on having safer sex?"; "How can using drugs pass the AIDS virus?"; "How should I treat someone who has the AIDS virus?"; and "How can I find out if the AIDS virus is in my body?". Appended are various position statements and resolutions, a listing of sexuality resources, and a list of AIDS hotlines. (DB)

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SAFE

Stopping AIDS through Functional Education

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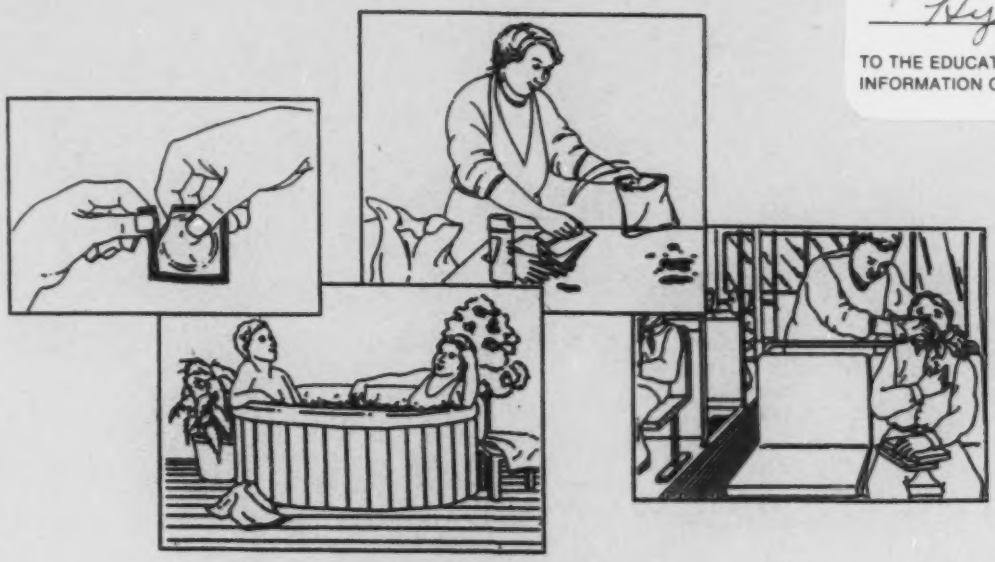

Judith Hylton
in association with the
Portland Metropolitan Task Force on
HIV/AIDS Prevention for MR/DD

Oregon Health Sciences University
Child Development and Rehabilitation Center
University Affiliated Program
Portland, Oregon
1990

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S A F E

Stopping AIDS Through Functional Education

a curriculum and instructional materials on preventing HIV/AIDS, for people who have developmental disabilities or other learning problems

The development of this curriculum package was supported with funds granted for projects of national significance by the Administration on Developmental Disabilities, grant number 90DD0151, and with funds from the Oregon Health Division, and the Oregon Mental Health Division. The opinions expressed in these materials do not necessarily reflect the views of these agencies or the agencies and organizations which provided consultative services to this project. The project was administered by the University Affiliated Program at the Oregon Health Sciences University, Child Development and Rehabilitation Center and directed by James E. Lindemann, Ph.D.

Did you know that a three-foot stack of newspaper equals a twenty-foot tree?

Please recycle this paper.

to Russell

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PREFACE

PURPOSE

SAFE: Stopping AIDS through Functional Education is a comprehensive curriculum package that is designed to provide people who have developmental disabilities with information that can protect them from HIV infection. The package was developed for both individual and group instruction conducted by professionals and para professionals who work in capacities such as teachers, counselors or other personnel in programs that provide educational, recreational, vocational, health, mental health or residential services to people with developmental disabilities.

Because the curriculum makes no demands on the learner's ability to read, it is an appropriate vehicle for teaching people with mental retardation and other developmental disabilities (MR/DD) as well as other English speaking nonreaders such as immigrants, itinerant farm workers and some people with learning disabilities.

The curriculum is designed to help learners acquire the knowledge, attitudes and behaviors needed:

to protect them from HIV infection;

to recognize that HIV infection is difficult to get, and to overcome unfounded fears about it;

to overcome the influence of people who engage in high risk activities; and

to interact appropriately people who have HIV infection or AIDS.

The SAFE Curriculum Package includes not only 18 lessons comprised of especially designed video segments, activities, and illustrated handouts, but also separate chapters that will help readers to prepare a complete HIV/AIDS prevention program that includes assembling an HIV/AIDS Prevention Advisory Committee, developing policies regarding HIV/AIDS and offering training in AIDS prevention to staff and parents as well as to clients.

BACKGROUND

Early in the course of the AIDS epidemic, many people were alarmed by the lack of educational materials and approaches that could enable people with mental retardation to protect themselves from the disease. In 1987 some of these concerned people appealed to the Health Division and the University Affiliated Program (UAP) in Oregon for assistance in rectifying this deficiency. The two agencies, recognizing their complimentary roles, moved to combine their resources and to join together the groups of interested people into what became the Portland Metropolitan Task Force on HIV/AIDS Prevention for MR/DD. The resulting Task Force with representatives from advocacy, service, professional and governmental groups brought together many different perspectives on issues related to HIV prevention for special populations, and congregated the expertise and enthusiasm needed to address them.

With a group of dedicated people in place that could serve as an advisory committee, the UAP was able to secure funds from the Administration on Developmental Disabilities to support the work of developing the needed materials. The Oregon Health Division performed the vital role of facilitating the activities of the Advisory Committee and, along with the Oregon Mental Health Division, contributed additional funds. In all, many, many organizations and people provided generous amounts of time and talent to the SAFE Curriculum Package. The Advisory Committee guided the work of the project and its meetings served as a forum for the exchange of information among the sub-committees. Each sub-committee performed a particular set of activities.

The Policy Sub-Committee helped develop recommended policies and procedures that relate to HIV/AIDS and people who have developmental disabilities and offered valuable information that helped make the remainder of the curriculum package consistent with these recommendations. The following people served on the Policy Committee:

Kim Rabau, M.S., Chair
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The Assessment Sub-Committee developed procedures for measuring learner outcomes and for assessing the effectiveness of the curriculum package. The Assessment Sub-Committee was comprised of the following people:

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Paragon Program
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The Curriculum Sub-Committee helped with the instructional content in the lessons, video segments and illustrated handouts and the guidelines for using the curriculum package. Members of the Curriculum Sub-Committee were:

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Department

In addition to the members of the sub-committees, many people served on the project Advisory Committee. These at large members were:

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Association for Retarded Citizens of Multnomah County
Association for Retarded Citizens of Oregon
Clackamas County Education Service District
Douglas County Education Service District
Fairview Training Center
Marion County Health Department
Marion County Mental Health Department
Multnomah County Developmental Disabilities Program
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Multnomah County Health Department
Marshall Street Group Home
Oregon Advocacy Center
Oregon Department of Education
Oregon Health Division
Oregon Health Sciences University
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Sharon Baker
Teacher of Physically Handicapped
Holladay Center

Tony DeCorte, Coordinator
Jobs Training Program
Oregon Health Sciences University
CDRC-University Affiliated Program

David Fleming, M.D.
Deputy State Epidemiologist
Oregon Health Division

Laurence Foster, M.D.
State Epidemiologist
Oregon Health Division

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Zandra O'Neal, Supervisor
Special Education Curriculum Department
Portland Public Schools

Tom Roach
Adult Unit Supervisor
Multnomah County Developmental Disabiltites Program

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Michele Gilson

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Elizabeth Grace

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Jeff McCoy

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Sheri Downs
Dave Nelson
Dan Tonna

Up and Out, Inc.
Marc Brown

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Project Director, James E. Lindemann, Ph.D.

Project Coordinator, Judith Hylton, M.S.

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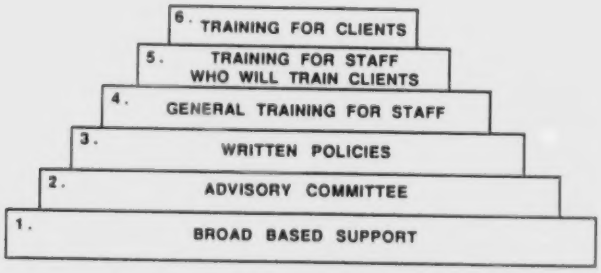
December, 1990

CHAPTER 1

LAYING THE GROUNDWORK

A COMPREHENSIVE PROGRAM

This curriculum package offers, in addition to lessons, information for building a comprehensive program for the prevention of HIV infection. For best results, we recommend that the lessons be used in conjunction with other elements that form a foundation for the lessons. These elements include broad-based support from administrators, staff, parents and clients. They include an advisory committee to assist in shaping policies and making decisions related to HIV prevention for staff and clients, and to help in making decisions should a staff member or client become infected with HIV. Another element is educational opportunities for staff to learn about HIV infection in general and more specific training for staff who will directly teach clients how to prevent HIV infection. These elements, forming a foundation that supports training for clients, are shown in the illustration below.


6. TRAINING FOR CLIENTS
5. TRAINING FOR STAFF WHO WILL TRAIN CLIENTS
4. GENERAL TRAINING FOR STAFF
3. WRITTEN POLICIES
2. ADVISORY COMMITTEE
1. BROAD BASED SUPPORT

WHO CAN BENEFIT FROM THE LESSONS?

Lessons in the SAFE Curriculum Package were prepared for use with adolescents and adults who have mild mental retardation. They also may be useful with some people who function at the upper end of the moderate range of mental retardation and to many other people who have severe learning problems.

The lessons are not intended for everyone. Some people have cognitive deficits so severe that no amount of education can help them understand why they must protect themselves or how to do it. If we are to protect these people, we must ensure that the individuals who are responsible for their health and well-being understand how HIV is transmitted and are committed to preventing it. These individuals include administrators, parents, and service providers.

The lessons were designed for adolescents and adults with mild-moderate mental retardation because they, like everyone else, are at risk for infection and are capable of learning how to protect themselves. However, many of them may be unable to acquire the knowledge and skills needed to do this through information that is directed toward the general population. In order to become empowered to protect themselves, they need information that is designed especially for them (Association for the Advancement of Health Education, 1989).

EVERYONE IS AT RISK We have only general knowledge about the extent to which this population is at risk. We do know that many adolescents and adults with mental retardation and developmental disabilities (MR/DD) are sexually active. Many have received little formal sex education (Zetlin & Turner, 1985). Some use street drugs and some who are vulnerable because of deficits in social judgement are exploited sexually by persons who may have HIV infection. We also know that some of these people are uninformed about the risks of HIV infection, some engage in high risk behaviors, some are infected with HIV, and some have AIDS.

In 1989 the Assessment Committee of the SAFE Project obtained data on 67 adolescents and adults with MR/DD living in Oregon. The data were obtained through surveys completed by service providers who interviewed the adults and adolescents about their knowledge relative to HIV infection and their engagement in high risk behaviors. The service providers also reported their own knowledge about the adults' and adolescents' engagement in high risk behaviors. Nineteen of the surveys came from a training institution, 12 from public schools and 36 from the community. The results of the surveys showed that 39% of the adults and adolescents were known to engage in high risk behavior and 61% were not. The question "What is AIDS?" received twenty-five (37%) accurate answers. The question "How do you get AIDS?" received thirty (45%) accurate answers, and the question "What can you do to keep from getting AIDS?" received eighteen (27%) accurate answers. In general, males reported more risk behavior and a slightly higher level of awareness of risk.

In 1987, investigators from the Georgia Retardation Center surveyed all 50 state departments providing services to adults with mental retardation. Forty-four states responded. Forty-five adult carriers were reported from 11 states. Of these, 7 were noted to have symptomatic HIV infection, or AIDS (Kastner, Nathanson, Marchetti and Pincus, 1989). The authors report that they believed these numbers to underestimate the true incidence because of three factors: 1) information was reported voluntarily; 2) no state has systematically screened all adult clients (other infected clients undoubtedly were present); and 3) lack of a reliable reporting system between community providers and state service systems suggests that some adult clients known to be infected to community providers may have gone unreported to state agencies.

Based on survey results and other considerations, Kastner and Marchetti have estimated that about 100-200 adults with developmental disabilities may be infected with HIV. Most of these people would be expected to have not yet developed symptom (Corcker and Cohen, 1990).

EDUCATION FOR PREVENTION With no cure for HIV infection and no vaccine against it, education is our only defense against it.

The good news is that HIV infection is easy to prevent. All one need do is avoid body fluids from people who are infected with the virus.

The bad news is that knowing which behaviors can transmit the virus does not necessarily keep people from doing them. Many people need continued support to choose safe behaviors over unsafe ones.

People who are serious about teaching others how to prevent HIV infection will encounter many controversial issues. Some of these issues are described below.

Everyone is at risk. Everyone deserves to have access to information they need in order to protect themselves. People with special learning needs require information in a form they can understand.

Human beings are sexual beings. Even if you do not see them being sexual, it is more likely that they are sexually active during some time in their lives than not. If you lack facts and must make assumptions about a person's sexual activity it is best to assume he or she is active rather than not.

Many people engage in sexual activities with other people of the same sex at some time during their life time without ever living a "homosexual lifestyle". This same-sex sexual activity often is kept as secret as their heterosexual activity is. For men who have unprotected sexual intercourse with other men, the risk for contracting HIV infection is increased. For women who have unprotected sexual intercourse with these men, the risk for contracting HIV infection also is increased.

The nature of transmission of HIV demands explicit discussion about specific sexual activities and body parts in order to convey information needed to prevent it (Weinstein, 1989).

POLICIES AND PROCEDURES REGARDING HIV/AIDS AND INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Education forms only one part of a comprehensive HIV/AIDS prevention program. A complete program must include written policies developed at the local level that guide the implementation of other needed safeguards (Association for the Advancement of Health Education, 1989). Organizations that provide residential, recreational or vocational services primarily to people who have mental retardation or other developmental disabilities cannot afford to operate without written policies. These policies are needed to spell out what the organization will do to help prevent HIV/AIDS in both clients and staff, and what it will do if a client or staff person should contract the virus (Kastner, Hickman and Bellehumeur, 1989). A less than perfect policy is far better than none at all because having no policy shows that the organization has done nothing to deal with the problem. Even the best policy will need to be updated as new information in the areas of medicine, law and education become available. Policies should cover, at a minimum, the five areas listed below.

- the establishment of an advisory committee on HIV-AIDS prevention
- the provision of education in the prevention of HIV infection for staff, clients, parents, interested community members; and the provision of training for staff members who will train clients
- the provision of materials to prevent the transmission of HIV infection and other blood borne diseases

- access to HIV antibody testing

- the protection of the rights of clients and staff who have, or are perceived to have HIV infection

GUIDELINES FOR THE DEVELOPMENT OF POLICIES Programs differ widely from one another. They function in different communities and are guided by differing philosophies and differing laws. Because of this, no single set of policies will work for every agency. Therefore, we only have outlined the topics we believe agencies should address in their written policies, and have suggested some of the issues we believe should be considered.

AREA OF NEED	RECOMMENDED ACTION
I. **HIV-AIDS Prevention Advisory Committee** The issues surrounding HIV/AIDS and individuals with MR/DD are complex and can easily provoke fear and other strong emotions in times of uncertainty or crisis. Policies related to HIV/AIDS should be brief, in simple language, and changed as needed (Levine, and Spellman, 1988).	It is recommended that agencies establish an HIV/AIDS Prevention Advisory Committee to assist them in developing policies that could guide them should a crisis arise (Association for Retarded Citizens of the U.S., 1988). Many agencies may not need a separate committee dedicated to HIV/AIDS prevention, and instead may rely on a committee already assembled to advise on matters related to the health or education of staff and clients. Some agencies may join together to develop their HIV/AIDS prevention programs and share an advisory committee. Community-based organizations such as the American Red Cross and Planned Parenthood may be able to recommend knowledgeable people who would serve on the committee. Membership should be drawn from the larger community and should include people who are familiar with issues related to people who have MR/DD or who are knowledgeable about HIV/AIDS, or both. Although it is unlikely that an advisory committee would have all of the following representatives, an effective committee certainly would have some of them: a physician; a provider of sex education, health education, special education or leisure and recreation education; a representative from the local county department of health or AIDS service committee; a registered nurse; a parent; a case manager; an attorney; an advocate; and a self-advocate.

AREA OF NEED	RECOMMENDED ACTION
II. **The Provision of Training** With no cure or vaccine, our only line of defense against HIV infection is prevention (Crocker, Cohen, Decker, Rudiger and Harvey, 1989).	It is recommended that agencies make available education in the prevention of HIV infection for staff, as well as clients and staff members who will train clients, parents, and interested community members. Many local county health departments offer training and often will conduct it at the site of the agency or organization requesting it. Health educators at county health departments usually are very knowledgeable about the most recent information on HIV transmission. However, they cannot be expected to gear training to people who require individualized instruction, so agencies and organizations which primarily serve this population must be prepared to offer this training to them.
A. **Training for Staff** Employees have the right to be educated about HIV infection and developmental disabilities; employers have the responsibility to provide information, training, supervision and support (Crocker, et al., 1989).	It is recommended that agencies make available for all staff (case managers, administrators, custodians and clerical personnel) basic information about HIV infection, how it is transmitted, how it can be prevented, the use of universal precautions for handling body fluids, (Marchetti, Nathanson, Kastner and Owens, 1990) laws governing confidentiality and nondiscrimination, how to access testing and where to go in the agency or community for more information and assistance. This training should be mandatory for all staff and should be updated at least annually in order to keep abreast of changes in personnel and in research and health practices (Jacobs, Samowitz, Levy and Levy, 1989). The agency also should designate a staff member as an HIV infection resource person.
B. **Preparation for Teaching AIDS Prevention**	It is recommended that agencies make available training for staff who will instruct clients in AIDS prevention. This training should be more rigorous than that provided during the staff inservices and should be required for everyone who will be teaching clients (National Coalition of Advocates for Students, 1989). When feasible, university credit should be made available as an added incentive for participants who want it.

	AREA OF NEED	RECOMMENDED ACTION
	C. Training for Clients People who have developmental disabilities should have access to effective and appropriate education and related services that will reduce the risk of becoming infected with HIV (Crocker, Cohen, Decker, Rudiger and Harvey, 1989).	It is recommended that agencies provide their clients with comprehensive training in the prevention of infection of HIV and other diseases that are transmitted sexually. In addition, it is also recommended that agencies develop policies that specify whether or not participation in the training will be a part of the criteria for entrance to the agency, and if it is, what actions the agency will take if individuals refuse, or their guardians refuse permission to participate in such education. If participation in HIV prevention training is made a criterion for entry into a program, the agency must ensure that this does not interfere with a client's rights regarding informed consent.
	D. Training for Parents and Others	It is recommended that human service agencies offer training in HIV/AIDS prevention for families, other service providers, advocates, significant others, community members and any other interested people who come in contact with clients of the agencies.
III.	**Provision of Materials to Prevent HIV Infection** Certain materials are needed in order to protect people from contracting HIV while participating in activities such as cleaning up blood and other body fluids from another person, engaging in sexual intercourse and injecting drugs intravenously.	It is recommended that agencies develop policies for the provision and maintenance of clean-up kits and that the policy spell out whether the agency will provide or help provide other materials used in HIV prevention.
	A. Clean-Up Kits	It is recommended that agencies supply the physical facility with complete clean-up kits for handling body fluids and appoint a staff person to monitor the kits on a regular basis so the kits will be complete and the cleaning solutions effective when they are needed. Guidelines for the contents of clean-up kits and the use of universal precautions when dealing with body fluids are on page Lesson 6, *How Can I Protect Myself If Someone Near Me Is Bleeding?*
	B. Condoms and Spermicidal Agents	It is recommended that an agency's policy state whether the agency will supply these items, to whom, and under what conditions; or if the agency will not supply these items, to what extent it will go to enable clients to secure them elsewhere.

AREA OF NEED	RECOMMENDED ACTION
C. **Bleach and Hypodermic Needles** Hypodermic needles and syringes are used to inject legal drugs such as insulin as well as illegal drugs, and people who use this equipment may share them as a matter of convenience or economy.	It is recommended that agencies clarify their stance toward the sharing of needles to inject any substance and whether the agency will supply needles or bleach to clean needles, to whom, and under what conditions; or if the agency will not supply these items to what extent it will go to enable clients to secure them elsewhere. If a bleach distribution or needle exchange program is available for intravenous drug users, it is recommended that the policy specify the agencies' stance toward clients' participation in the program and the extent to which the agency will promote or discourage such participation.
IV. **Testing for HIV Infection** The decision to seek testing for HIV should be undertaken only with serious consideration. Agencies have a responsibility for assuring that they do not violate a client's civil rights during this process.	It is recommended that agencies develop policies specifying their stance toward issues related to testing for HIV infection and informed consent, medical indication, and counseling before and after testing.
A. **Informed Consent** As the locus of authority for testing, the client or the client's surrogate shall be given information about the benefits and risks of testing, and antibody testing shall be performed only with informed consent (Rennert, Parry, and Horowitz 1989).	It is recommended that agencies establish an informed consent policy.
B. **Medical Indication** A medical recommendation for testing should be based on current scientific knowledge and best medical practice (Crocker, Cohen, Decker, Rudiger and Harvey, 1989).	It is recommended that policies specify that agencies will not support the testing of clients in order to deny them services or benefits.
C. **Counseling Before and After Testing** Most local health departments offer counseling both before and after testing to help people understand the implications of the testing and the results that follow. They also offer supportive services for people who test HIV positive.	It is recommended that policies specify how the agency can help assure that the counseling given is suitable for people who have mental retardation.

AREA OF NEED	RECOMMENDED ACTION
D. **Confidentiality** Everyone, including people who have developmental disabilities, has a right to confidentiality of information contained in their medical records. Disclosure of this information to someone other than the person generally requires the individual's consent.	It is recommended that policies specify how the agency will deal with information related to a client's seeking testing for HIV infection.
V. **Rights of Clients and Staff who Test Positive** Persons with developmental disabilities may not be denied their rights and entitlements solely on the basis of their HIV status (Rennert, Parry and Horowitz, 1989).	
A. **Confidentiality** HIV test results are viewed as the property of a person and as such should be released to others only with the person's informed consent.	It is recommended that policies specify steps the agency will take to maintain the confidentiality of a client's HIV status including whether the agency will store relevant records separately in a locked file or room, so as to insure the confidentiality of this information. This policy also should specify who will need to have access to the information that a client has HIV infection.
B. **Nondiscrimination** People (with or without developmental disabilities) may not be excluded from programs solely on the basis of having HIV infection. Under civil rights laws, a person who otherwise is qualified for a program and has HIV infection cannot be excluded from the program unless it is determined individually that even with reasonable accommodations the person still would present substantial risk for transmitting HIV infection to others.	It is recommended that policies reflect an anti-discrimination stance.

AREA OF NEED	RECOMMENDED ACTION
C. **Duty to Warn** It is neither necessary to the protection of employees or clients, nor is it legal to disclose without a person's permission that a person has HIV infection. Physicians have no duty to warn people merely because they are in close casual social contact. Programs that implement infection control procedures fulfill their duty to protect employees, clients and others from transmission through blood spills. reference _____	It is recommended that policies address the possibility that the agency could have clients and employees who have HIV infection, that such information would be kept confidential, and that people should exercise safeguards such as universal precautions to protect themselves and others from contracting HIV and other blood borne diseases.

RESOURCES FOR THE DEVELOPMENT OF POLICIES People who are concerned with developing policies regarding HIV infection will want to familiarize themselves with laws and statutes that pertain in their own locale. In addition, they may find it helpful to review The Association for Retarded Citizens of the United States *Position Statement on Sexuality*, and *Resolution on Acquired Immunodeficiency Syndrome (AIDS)* in Appendices C and D, respectively and *Public Policy Affirmations* in Appendix E. Other useful resources are listed below.

AIDS and persons with developmental disabilities: the legal perspective. (1989) Rennert, S. Parry, J. and Horowitz, J. The American Bar Association, AIDS & Developmental Disabilities Project, Washington DC.

Guidelines on developmental services for children and adults with HIV infection. (1990). Crocker, A.C. and Cohen, H.J. American Association of University Affiliated Programs for Persons with Developmental Disabilities, 8630 Fenton Street, Suite 140, Silver Springs, MD 20910 (301) 588-8252.

HIV liability and disability services providers: an introduction to tort principles. (1989) Harvey, D.C. and Decker, C.L.

Strategies for implementing AIDS/HIV policy guidelines in developmental and mental health services: A background and checklist for advocates. (1990) Harvey, D.C. National Association of Protection and Advocacy Systems, Inc. 220 Eye Street, NE, Suite 150, Washington, DC 20002 (202) 546-8202 TDD (202) 546-8206.

ADMINISTRATIVE AND PARENTAL SUPPORT

Before starting an HIV/AIDS education program for people with MR/DD, some preparation should be done. It is important that the program be well supported by administrators, parents, parent surrogates and other people in the community; and that trainers are adequately prepared to do the training. This means that a variety of people will need enough information to understand why the program is needed, what it is intended to do and specifically what they can do to support it.

ADMINISTRATIVE SUPPORT Administrators can play a central role in the success of program of HIV infection prevention. As leaders in the organization or agency, they set the tone for acceptance of certain activities and they also can squelch ideas with their disapproval. Administrators can make or break a prevention program.

Some ways administrators can lend their support to an HIV prevention program are listed below.

Promote acceptance of the program by parents, surrogate parents and members of the community. This might involve providing them with information about the program so they can overcome their own fear of the unknown. Develop an advisory group.

Promote understanding about HIV infection among staff members by sponsoring a program of training for them. This training often is available through the local health department.

Help prospective trainers to receive training that will prepare them to teach the program. Training for trainers should go beyond conveying facts about HIV infection and include strategies for getting across concepts.

Demonstrate an understanding that learners need explicit information by supporting the use of explicit language to describe body parts and sexual activities.

Actively work to make condoms available to clients through the facility or by purchasing them in a community store.

Demonstrate leadership in matters of confidentiality and nondiscrimination regarding HIV infection. This involves not only observing laws and ethical practices regarding these issues, but keeping staff abreast of these laws and practices.

PARENTAL SUPPORT People who have reached the legal age of majority do not need parental permission to participate in an educational program. The Legal age varies with the state of residence. People, even if they have mental retardation, are considered competent to make decisions regarding their own welfare unless the court specifically has ruled otherwise (Rennert, Parry and Horowitz, 1989). Court rulings on competency usually are in regard to a person's ability to join in legal contracts and to be responsible for his or her financial affairs, and the court appoints a guardian or surrogate parent to make only these decisions for him or her. A ruling saying that a person is not competent to decide about participating in an educational program is extremely rare.

Even though parental permission is not needed for an adult to be in an educational program, parental support can enrich the program by encouraging parents and their adult children to talk with one another about important life issues surrounding sexuality and family values as well as the prevention of HIV/AIDS. We encourage people who are planning HIV prevention programs to include parents, surrogate parents and other interested people at the earliest stages of planning and if possible, to offer them training on HIV prevention. This way, parents and others can understand that everyone is at risk for getting HIV infection, and recognize how a preventative program can reduce that risk. For this reason we have included a brochure for parents entitled, *Preventing AIDS: Information for Parents of Adolescents and Adults who have Developmental Disabilities*. It is in the back of the manual along with the rest of the instructional materials.

PREPARATION OF INSTRUCTORS

Prevention of AIDS through education is not a stopgap measure taken to tide us over until a vaccine or cure can be developed. Prevention is the key to stopping AIDS even if a vaccine or cure becomes available and are used widely (Coates, T.H., 1990). Because education is the key to preventing this terrible disease, it is important that people who do the educating are well prepared for this important job. For trainers who work with people who have developmental disabilities, this means being able to do the following:

Convey basic information about HIV infection and AIDS.

Employ the instructional strategies recommended in health, social skills and sex education curricula developed for people who have developmental disabilities.

Recognize one's own attitudes toward sexuality in general, same-sex sexual activity, and sexual activities of people who have MR/DD.

Personalize issues in a way that helps learners understand what behaviors can put them at risk for HIV/AIDS.

Apply instructional strategies that will help learners acquire the skills needed to reduce their risk for HIV infection. These skills include decision making, effective communication and assertiveness.

Provide a means for learners to practice new skills and encouragement for maintaining them.

In order to be able to do all of these things, prospective instructors will need assistance and support to acquire the content for an educational program, to develop a supportive context for instruction and to employ strategies that will help clients learn.

Training that will prepare trainers to conduct an AIDS prevention program should be conducted by someone who has enough depth of knowledge to address the questions and concerns that the potential trainers may raise. Instructors qualified to do this may be available through local family planning agencies or the health department.

Training content for prospective instructors should include:

the opportunity to process enough information about HIV/AIDS to alleviate unwarranted fear about becoming exposed to the virus,

an examination of controversial issues including the instructor's own attitudes about sexuality and HIV/AIDS, and

instructional strategies and models for integrating HIV/AIDS education into a comprehensive approach to health and family life education for clients.

The context for training has to do with the social, political and physical environment in which training occurs. In order for the training to be effective, the context must be supportive enough to allow adequate time and space for instruction and the use of language, instructional materials and activities that convey essential concepts and skills to learners. Parents and other members of the larger community are more likely to give such support if they understand the importance of HIV/AIDS prevention education for everyone. A community education program may help get across this information.

People who are uncomfortable with the subject matter involved in AIDS education should not be required to teach it because their discomfort inevitably will be conveyed to the learners. People who do agree to teach AIDS prevention should be offered opportunities to team teach and to draw on outside resource people for support, assistance and updated information.

CHECKLIST FOR PREVENTION

The following checklist can be used to guide agencies toward developing a complete prevention program.

- Establish an HIV/AIDS Advisory Board ☐
- Develop agency policies related to HIV/AIDS ☐
- Implement an HIV/AIDS educational program ☐
- Provide training for staff, parents and other interested parties. ☐
- Provide training for trainers of clients ☐
- Assemble clean-up kits and place them in the facility. ☐
- Provide training for clients. ☐

CHAPTER 2

ASSESSMENT OF OUTCOMES

ASSESSMENT GIVES FEEDBACK

An essential part of teaching is getting feedback from learners that tells if indeed they are learning, and what they are learning. For this reason, all SAFE lessons end with a section called Questions and Activities to Assess Learning. How learners answer question and do activities can indicate if they need additional instruction or are ready to go on to other lessons. In most cases, use of these questions and activities is the only assessment procedure that will be needed.

For a more formal approach to assessment, we have included the assessment procedures used during the field testing of the SAFE Curriculum Package. These procedures were designed to measure the extent to which learners knew about HIV/AIDS prevention before any instruction, and then to measure the extent to which they knew about the same topic as a result of the instruction. These procedures include a pre-survey and a post-survey. Both appear on the following pages. The schedule for using these instruments is shown below.

Instrument	When to Use
Pre-Survey of Learner's Knowledge and Skills	before any instruction is given
Post-Survey of Learner's Knowledge and Skills	
Part 1 Lessons 1-7	upon completion of lessons 1-7
Part 2 Lessons 8-12	upon completion of lessons 8-12
Part 3 Lessons 13-18	upon completion of lessons 13-18

The pre-survey allow instructors to determine, before giving any instruction, what learners already know about HIV/AIDS. This information can help instructors decide which lessons to give and what information to emphasize. Because the post-survey is divided into three parts, instructors can check learning at approximately one-third and two-thirds of the way through the curriculum and upon completion of the curriculum.

PRE-SURVEY OF LEARNER'S KNOWLEDGE AND SKILLS

lessons 1-18

DIRECTIONS This is a pre-survey. It is designed to help trainers discover what learners know about HIV/AIDS before using the SAFE Curriculum. Please complete one of these forms for each learner participating in your group.

When using this survey, interview each person individually so they cannot pick up answers from one another. Give the survey orally, in a conversational manner rather than as a test, and rephrase the questions (without giving hints) if necessary. You may use phrases such as, "That's a good answer, can you tell me more?" Accept common or vulgar terms in the responses. However, if you are unsure that such a response is correct, mark "other" and write in the response.

When recording responses, use the following guide.

If the learner:

gives a response that is the same or means the same as the information in bold face	mark that item
gives a response that is different from the one in bold face	mark "other" and write in the response
says, or otherwise indicates he or she does not know	mark "don't know"

Demonstration items (# 11, 14, 15 and 17-21) are marked with an asterisk (*) for easy identification. Base your answer to these items on your knowledge of the learner's performance of them as part of his or her regular activities, reports from others who know the learner, or by interviewing the learner.

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PRE-SURVEY CODE ____

QUESTIONS	LEARNER'S RESPONSE
1. What is AIDS?	____ sickness, illness, or disease ____ other ____ don't know
2. Why is AIDS such a serious disease?	____ many people die ____ there is no cure for it ____ other _____ ____ don't know
3. If people get the AIDS virus, how can they get rid of it?	____ there is no way to get rid of the virus ____ other _____ ____ don't know
4. Who could you get the AIDS virus from?	____ anyone who has the AIDS virus ____ other _____ ____ don't know
5. The AIDS virus can be passed in three body fluids. What fluids are these?	____ blood ____ semen ____ vaginal fluids ____ other _____ ____ don't know
6. Who can get the AIDS virus?	____ anyone (Accept any response that indicates the learner understands that anyone can get the AIDS virus.) ____ other _____ ____ don't know
7. How can you tell if someone has the AIDS virus?	____ you can't tell by looking at people at people if they have the AIDS virus ____ other _____ ____ don't know
8. Certain activities can pass the AIDS virus. What are they?	____ sexual intercourse ____ sharing needles to inject drugs ____ touching wet blood, semen, or vaginal fluids ____ other _____ ____ don't know

PRE-SURVEY CODE ____

9. There are very few ways to get the AIDS virus. Can people get the AIDS virus from these things:

mosquito bites	____	no	____	yes	____	don't know
sharing toilets	____	no	____	yes	____	don't know
sexual intercourse	____	no	____	yes	____	don't know
sharing hot tubs and bath tubs	____	no	____	yes	____	don't know
hugging	____	no	____	yes	____	don't know
sharing forks and spoons	____	no	____	yes	____	don't know

10. People can get the AIDS virus through sexual activities. Why is this true?

____ these activities involve body fluids that can contain the AIDS virus
____ other _____
____ don't know

*11. The learner has demonstrated the ability to deal with body fluid spills by using universal precautions or by getting someone to clean up the spill.

____ yes, using universal precautions
____ yes, getting someone to clean up the spill
____ other _____
____ don't know

12. No one has to have unprotected (risky) sex. You have two other choices. What are they?

____ have no sex (abstinence)
____ have safer sex (use condoms)
____ other _____
____ don't know

13. Using condoms can make sex safer. Why is this true?

____ Accept any response that indicates the learner understands that condoms can be used to prevent the spread of HIV.
____ other _____
____ don't know

*14. The learner has demonstrated how to say "no" to unprotected or unwanted sexual activity.

____ yes ____ no ____ don't know

*15. The learner has demonstrated the ability to put on and remove condoms. (For males, on themselves; for females, on an anatomic model or on their partner, if appropriate.)

____ yes ____ no ____ don't know

16. People who use drugs can get the AIDS virus. What are the two things people who use drugs do that can give them the AIDS virus?

____ share needles
____ have sex with someone who has shared needles
____ other _____
____ don't know

*17. The learner has demonstrated ability to obtain condoms. ____ yes ____ no ____ don't know

*18. The learner has demonstrated ability to talk with their partner about using safer sex practices. ____ yes ____ no ____ don't know

*19. The learner has demonstrated ability to use a variety of ways to interact safely with someone who engages in high risk behaviors. ____ yes ____ no ____ don't know

*20. The learner has demonstrated ability to interact appropriately with someone who has HIV infection. ____ yes ____ no ____ don't know

*21. The learner has demonstrated ability to get assistance to learn if she or he has HIV infection. ____ yes ____ no ____ don't know

POST-SURVEY OF LEARNERS' KNOWLEDGE AND SKILLS

part 1, lessons 1-7

DIRECTIONS This is a post-survey. It is designed to help you discover how much knowledge and skills learners gained as a result of using the SAFE Curriculum. Please complete one of these forms for each learner participating in your group.

When using this survey, interview each person individually so they cannot pick up answers from one another. Give the survey orally, in a conversational manner rather than as a test, and rephrase the questions (without giving hints) if necessary. You may use phrases such as, "That's a good answer, can you tell me more?" Accept common or vulgar terms in the responses. However, if you are unsure that such a response is correct, mark "other" and write in the response.

When recording responses, use the following guide.

If the learner:

gives a response that is the same or means the same as the information in bold face	mark that item
gives a response that is different from the one in bold face	mark "other" and write in the response
says, or otherwise indicates he or she does not know	mark "don't know"

Demonstration item (# 11) is marked with an asterisk (*) for easy identification. Base your answer to this item on your knowledge of the learner's performance of it as part of his or her regular activities, reports from others who know the learner, or by interviewing the learner.

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QUESTIONS	LEARNER'S RESPONSE	
1. What is AIDS?	____	sickness, illness, or disease
	____	other _____
2. Why is AIDS such a serious disease?	____	it makes people sick
	____	many people die
	____	there is no cure for it
	____	other _____
3. If people get the AIDS virus, how can they get rid of it?	____	there is no way to get rid of the AIDS virus
	____	other _____
4. Who could you get the AIDS virus from?	____	anyone who has the AIDS virus
	____	other _____
5. The AIDS virus can live in three body fluids. What fluids are these?	____	blood
	____	semen
	____	vaginal fluids
	____	other _____
6. Who can get the AIDS virus?	____	anyone (Accept any response that indicates the learner understands that anyone can get the AIDS virus.)
	____	other _____
7. How can you tell if someone has the AIDS virus?	____	you can't tell by looking at people if they have the AIDS virus
	____	other _____
8. Certain activities can pass the AIDS virus. What are they?	____	sexual intercourse
	____	sharing needles to inject drugs
	____	touching wet blood, semen or vaginal fluids
	____	other _____
9. There are very few ways to get the AIDS virus. Can people get the AIDS virus from these things: mosquito bites	____ no	____ yes ____ don't know

	sharing toilets	____	no	____	yes	____ don't know
	sharing hot tubs and bath tubs	____	no	____	yes	____ don't know
	hugging	____	no	____	yes	____ don't know
	sharing forks and spoons	____	no	____	yes	____ don't know

10. People can get the AIDS virus through sexual activities. Why is this true?

____ these activities involve body fluids that can contain the AIDS virus
____ other _____
____ don't know

*11. The learner has demonstrated the ability to deal with body fluid spills by using universal precautions or by getting someone to clean up the spill.

____ yes, using universal precautions
____ yes, getting someone to clean up the spill
____ other _____
____ don't know

POST-SURVEY OF LEARNERS' KNOWLEDGE AND SKILLS

part 2, lessons 8-12

DIRECTIONS This is a post-survey. It is designed to help you discover how much knowledge and skills learners gained as a result of using the SAFE Curriculum. Please complete one of these forms for each learner participating in your group.

When using this survey, interview each person individually so they cannot pick up answers from one another. Give the survey orally, in a conversational manner rather than as a test, and rephrase the questions (without giving hints) if necessary. You may use phrases such as, "That's a good answer, can you tell me more?" Accept common or vulgar terms in the responses. However, if you are unsure that such a response is correct, mark "other" and write in the response.

When recording responses, use the following guide.

If the learner:

gives a response that is the same or means the same as the information in bold face	mark that item
gives a response that is different from the one in bold face	mark "other" and write in the response
says, or otherwise indicates he or she does not know	mark "don't know"

Demonstration items (#14 and 15) are marked with an asterisk (*) for easy identification. Base your answer to this item on your knowledge of the learner's performance of it as part of his or her regular activities, reports from others who know the learner, or by interviewing the learner.

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QUESTIONS	LEARNER'S RESPONSE
12. No one has to have unprotected (risky) sex. You have two other choices. What are they?	____ have no sex (abstinence) ____ have safer sex (use condoms) ____ other _____ ____ don't know
13. Using condoms can make sex safer. Why is this true?	____ Accept any response that indicates the learner understands that condoms can be used to prevent the spread of HIV. ____ other _____ ____ don't know

The learner has demonstrated the ability:

*14. to say "no" to unprotected or unwanted sexual activity.	____	yes	____	no	____ don't know
*15. to put on and remove condoms. (For males, on themselves; for females, on an anatomic model or on their partner, if appropriate.)	____	yes	____	no	____ don't know

POST-SURVEY OF LEARNERS' KNOWLEDGE AND SKILLS

part 3, lessons 13-18

DIRECTIONS This is a post-survey. It is designed to help you discover how much knowledge and skills learners gained as a result of using the SAFE Curriculum. Please complete one of these forms for each learner participating in your group.

When using this survey, interview each person individually so they cannot pick up answers from one another. Give the survey orally, in a conversational manner rather than as a test, and rephrase the questions (without giving hints) if necessary. You may use phrases such as, "That's a good answer, can you tell me more?" Accept common or vulgar terms in the responses. However, if you are unsure that such a response is correct, mark "other" and write in the response.

When recording responses, use the following guide.

If the learner:

gives a response that is the same or means the same as the information in bold face	mark that item
gives a response that is different from the one in bold face	mark "other" and write in the response
says, or otherwise indicates he or she does not know	mark "don't know"

Demonstration items (#17 - 21) are marked with an asterisk (*) for easy identification. Base your answer to this item on your knowledge of the learner's performance of it as part of his or her regular activities, reports from others who know the learner, or by interviewing the learner.

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QUESTIONS	LEARNER'S RESPONSE
16. People who use drugs can get the AIDS virus. What are the two things people who use drugs do that can give them the AIDS virus?	____ share needles ____ have sex with someone who has shared needles ____ other _____ ____ don't know

The learner has demonstrated the ability to:

*17. Obtain condoms.	____	yes	____	no	____	don't know
*18. Talk with their partner about using safer sex practices.	____	yes	____	no	____	don't know
*19. Use a variety of ways to interact safely with someone who engages in high risk behaviors.	____	yes	____	no	____	don't know
*20. Interact appropriately with someone who has HIV infection.	____	yes	____	no	____	don't know
*21. Get assistance to learn if she or he has HIV infection.	____	yes	____	no	____	don't know

CHAPTER 3

OVERVIEW OF THE CURRICULUM PACKAGE

Lessons in the SAFE Curriculum Package are made up of a number of different components. These components include goals and objectives that are stated in terms of what learners will be able to do when they achieve the objectives, (learn the particular lesson). Each of the 18 lessons includes information for the instructor about HIV/AIDS and about teaching the lesson. For some of the lessons there are specially designed video segments, handouts or activities. Shown below are the goals of the curriculum followed by a list of the lessons and instructional materials in the order of their recommended use.

GOALS, OBJECTIVES AND LEARNING MATERIALS

This curriculum is designed to help learners acquire the knowledge, attitudes and behaviors needed:

to protect them from HIV infection;

to recognize that HIV infection is difficult to get and to overcome unfounded fears about it;

to overcome the influence of people who engage in high risk activities; and

to interact appropriately people who have HIV infection or AIDS.

Lessons	Learner Objectives
1. WHAT IS AIDS?	to identify AIDS as a disease that is communicable and deadly but preventable
video segment: *Russell Talks About the AIDS Virus*	

Lessons	Learner Objectives
2. WHAT CAUSES AIDS?	to name three body fluids that can pass the AIDS virus
3. WHO CAN GET AIDS?	to identify that anyone can get AIDS
4. HOW CAN YOU TELL IF A PERSON HAS THE VIRUS?	to identify that you cannot tell by looking at people if they have the AIDS virus
5. HOW DO PEOPLE GET THE AIDS VIRUS?	to describe activities that can pas the AIDS virus form one person to another
handout: *You Can't Get AIDS by Shaking Hands*	
6. HOW CAN I PROTECT MYSELF IF SOMEONE NEAR ME IS BLEEDING?	to demonstrate how to deal with a body fluid spill by using universal precautions or by getting someone to clean up the spill
video segment: *Beverly Cleans Up Blood Safely* handout: *Beverly Cleans Up Blood Safely*	
7. WHY CAN SEXUAL ACTIVITIES BE DANGEROUS?	to identify that body fluids exchanged during sexual intercourse can carry the AIDS virus
8. HOW CAN I PROTECT MYSELF FROM GETTING THE AIDS VIRUS THROUGH SEXUAL ACTIVITY?	to list alternatives to having unprotected sex
9. HOW CAN I SAY "NO" TO HAVING SEX?	to demonstrate how to say "no" to unprotected or unwanted sexual activity
video segment: *Saying "No" to Unwanted or Unprotected Sex*	
10. WHAT IS A CONDOM?	to describe a condom and its common use
11. HOW CAN USING CONDOMS MAKE SEX SAFER?	to identify how the use of condoms can make sex safer
12. HOW DO PEOPLE USE CONDOMS?	to demonstrate the ability to put on and remove condoms
video segment: *Using Condoms* handout: *How to Use Condoms* video segment: *Teaching People How to Use Condoms* (for trainers)	
13. HOW DO PEOPLE GET CONDOMS?	to demonstrate how to obtain condoms
14. HOW CAN I INSIST ON HAVING SAFER SEX?	to demonstrate how to insist on having safer sex
video segment: *Insisting on Using Safer Sex Practices*	
15. HOW CAN USING DRUGS PASS THE AIDS VIRUS?	to identify the risks for HIV infection that drug use presents

Lessons	Learner Objectives
16. HOW SHOULD I TREAT SOMEONE WHO DOES DANGEROUS THINGS THAT COULD CAUSE THEM TO GET THE AIDS VIRUS OR GIVE IT TO SOMEONE ELSE?	to demonstrate alternative ways to interact safely with someone who engages in high risk activities
17. HOW SHOULD I TREAT SOMEONE WHO HAS THE AIDS VIRUS?	to demonstrate how to interact with someone who has HIV infection
18. HOW CAN I FIND OUT IF THE AIDS VIRUS IS IN MY BODY?	to demonstrate how people can get help if they think they have HIV infection
For Parents handout: *Preventing AIDS: Information for Parents of Adolescents and Adults who have Developmental Disabilities* video segment: *Russell Talks About the AIDS Virus*	

FORMAT OF LESSONS AND INSTRUCTIONAL MATERIALS

The SAFE Curriculum Package was developed according to the principles of a spiral curriculum in which basic concepts are first introduced and then repeated with different emphasis throughout. The lessons are made up of three major sections: Information for Instructors, Instructional Content, and Questions or Activities to Assess Learning. These are described below.

Information for Instructors All lessons are accompanied by information designed to help instructors prepare for and teach the lesson.

A Title and an Objective Lessons titles are written as questions and the accompanying objectives show how learners can demonstrate they know the answer to the question. For example, the title of Lesson 6 is, "HOW CAN I PROTECT MYSELF IF SOMEONE NEAR ME IS BLEEDING?" and the objective is, "to demonstrate how to deal with a body fluid spill by using universal precautions or by getting someone to clean up the spill".

Background Information for Instructors Here, concise and up-to-date information on HIV/AIDS is included to help instructors understand the complexity of some of the issues surrounding HIV infection so they will be able to deal effectively with unexpected questions and responses from learners.

Directions for Instruction This section offers strategies and tips for teaching the lesson.

Materials Materials needed for the lesson are listed here. These include equipment such as clean-up kits and condoms as well as the brochures and video segments that are a part of the curriculum package.

Illustrated Brochures Brochures that depict critical concepts in concrete terms accompany some lessons: One brochure has been developed for parents. The titles of the brochures are:

Preventing AIDS: Information for Parents of Adolescents and Adults who have Developmental Disabilities
You Can't Get AIDS by Shaking Hands

Beverly Cleans Up Blood Safely
Using Condoms

Slides and Illustrations Illustrations needed for the lessons are included in the form of slides and full-page pictures on paper so instructors can use the format they prefer.

Video Segments Video segments conveying single concepts are designed to prompt viewers to discuss concerns and role play coping skills related to HIV/AIDS prevention.

> **CAUTION:** The video segments are an integral part of the lessons and should not be used without the activities and discussions in the lessons. Used alone, the video segments cannot adequately teach people how to prevent HIV infection.

In all cases, instructors must decide which video segments are suitable for which audiences. The content of the video segments is described below.

CASSETTE #1

Russell Talks About the AIDS Virus Russell who has the AIDS virus tells his friend that he did not use condoms because he did not believe he would get the AIDS virus. Russell encourages other people to use the precautions that can protect them from the virus. 6 minutes.

Beverly Cleans Up Blood Safely Beverly, who works in the cafeteria at a medical center shows how to clean up blood safely. She uses a standard clean-up kit to demonstrate the use of universal precautions. 5 minutes.

Saying "No" to Unwanted or Unprotected Sexual Activities Assertiveness and persistence are needed to refuse sexual activities that are unwanted or are unsafe. This presentation depicts people in a variety of situations using different strategies to decline unwanted sexual activities. 10 minutes.

Teaching People How To Use Condoms This presentation was developed for trainers. It demonstrates the step-by-step process for teaching people the mechanics of putting condoms on an anatomic model. It also offers tips for teaching people how to choose condoms in a store. 7 minutes.

Insisting on Using Safer Sex Practices Often one partner in a relationship wants to practice safer sex before the other partner has accepted it. This presentation focuses on ways to convince one's partner to use safer sex practices. 4 minutes.

CASSETTE #2

Using Condoms This explicit portrayal shows the use of condoms within a realistic context so viewers will be more likely to generalize the practice of safer sex to their own lives. 4 minutes. Because the content of this video segment may be unsuitable for some audiences, it is packaged in a separate cassette so it cannot be viewed accidentally. As with all material in the SAFE Curriculum Package, this video segment should be used at the discretion of the instructor.

Vocabulary When words that are likely to be new to learners are introduced for the first time in the curriculum they are listed in this section. Definitions are not given for these words because definitions usually are too abstract for learners to understand. Instead, instructors are encouraged to explain the meaning of these words in everyday language, e.g., "AIDS is a serious disease, it is a sickness."

Instructional Content The content of the lessons (what is taught as opposed to background information for instructors) is set off in larger type so instructors can read it more easily while conducting lessons.

Review Because lessons are built on an understanding of previous lessons, all but the first begin with a brief review to help learners recall major points of the previous lesson.

Introduction An introductory statement begins each lesson to help learners focus on the topic of the new lesson.

Statements This section contains statements that carry the information needed to learn the objective. The statements, tailored for learners, are brief, use simple language, and employ a good deal of repetition.

Story Some lessons include brief stories dramatizing issues that surround the transmission of HIV. The stories chronicle the experiences of David and his friends, Bev, Ralph and Eva as they strive to understand how to protect themselves from HIV and to use newly learned information in their daily lives.

Questions These are questions to promote discussion or to check to see how well learners are understanding the lesson.

Activities Activities designed to promote learning are described in this section.

Questions or Activities to Assess Learning Lessons end with questions or activities designed to help instructors determine if learners have acquired the information, skills and attitudes needed for that objective.

HIV/AIDS GLOSSARY

This glossary contains words from lessons in the SAFE Curriculum Package. When words that may be new to the reader appear for the first time in a SAFE lesson, they are italicized in the text and then defined in the glossary.

abstinence	The act of refraining from something such as, sexual intercourse.
AIDS	Acquired Immune Deficiency Syndrome. A viral disease which damages the body's immune system, making the infected person susceptible to a wide range of serious diseases. May also involve neurologic symptoms.
anal intercourse	Sexual intercourse in which the male puts his penis in his partner's rectum.
anonymous	Without any identification.

antibody	Proteins produced by the body's immune system in response to toxins or other foreign organisms. Antibodies in some cases can neutralize toxins and help eliminate infections, though in the case of AIDS, antibodies are not effective in combating the disease.
antigen test	A test that looks directly for a disease causing agent. In the case of HIV/AIDS, the antigen test looks for the human immunodeficiency virus (HIV).
antiviral drug	A medicine that slows or prevents a virus from reproducing in the body.
ARC	AIDS-related complex. A diagnosis given to people infected with the AIDS virus who have symptoms of illness related to this infection, but do not meet the diagnostic criteria necessary to be given a diagnosis of AIDS.
AZT	Azidothymidine, or zidovudine, is an antiviral agent used to treat patients who are infected with the AIDS virus.
bisexual	A person who is sexually oriented toward both males and females.
blood transfusion	The process of taking blood or blood products from one or several people and putting it or them into the body of another person.
body fluids	Any fluid found in the human body, such as blood, urine, saliva, sputum, tears, semen, vaginal secretions and breast milk. Only blood, semen, vaginal secretions and breast milk have been linked directly to the transmission of HIV.
casual contact	Normal day-to-day contact between people at home, school, work or in the community, which does not involve sexual interactions or the sharing of needles.
CDC	The Centers for Disease Control, a federal agency based in Atlanta which studies and monitors the incidence and prevalence of disease in the U.S., and also provides health and safety guidelines for the prevention of disease.
condom (rubber)	A flexible shield that is placed over the penis during sexual intercourse. Its purpose is to act like a bag to collect semen and keep it from entering a sex partner's body or to prevent vaginal fluids from entering the urethral opening of the penis. It can protect against transmitting the AIDS virus and other organisms involved in sexually transmitted diseases.
confidential	Private or secret; containing information to be kept from anyone who does not need to know it.
ELISA	A test used to detect HIV antibodies in blood samples. The most inexpensive and widely used test to date. The letters stand for enzyme-linked immunosorbent assay.
false-negative HIV test result	A test result in which the sample analyzed shows that the person is not infected with the virus even though he or she really is.

false-positive HIV test result	A test result in which the sample analyzed shows that the person is infected with the virus even though he or she really is not.
gay	A term commonly used to refer to men who are sexually oriented toward other men.
hemophilia	A rare, inherited bleeding disorder of males in which normal blood clotting is not possible. Treated with Factor VIII, a product made of human blood which allows normal clotting to occur.
heterosexual intercourse	Sexual intercourse between a male and a female.
high-risk behavior	Behavior which puts a person at risk for being exposed to the virus that causes AIDS. High-risk behaviors include sharing needles and syringes during intravenous drug use, and sexual intercourse with an infected person.
HIV	The accepted scientific name for the AIDS virus, in most common usage now. Stands for human immunodeficiency virus.
HIV infection	The state of having the AIDS virus with or without symptoms or opportunistic infections.
immune system	The body's system of defense against disease, infection and foreign substances. The immune system consists of specialized cells and proteins in the blood and other body fluids.
incubation period	In a medical context, the length of time between an individual first being infected with a disease-causing organism and the development of symptoms or diagnosis. The incubation period for AIDS is as long as 11 years in some people.
intravenous drugs	I.V., "Within veins"; injection by needles directly into the blood veins. Intravenous drugs are drugs that are injected into the user's bloodstream, usually into a vein.
lesbian	A term commonly used to refer to women who are sexually oriented toward other women.
mandatory testing	Testing that is required - in this case, for the AIDS virus.
monogamous	Having a sexual relationship with only one person for an indefinite period of time.
opportunistic diseases	Certain specific diseases are considered to be marker diseases for a diagnosis of AIDS. Once an HIV infected person is diagnosed with one of these infections, he or she is considered to have AIDS. These diseases, rarely found in healthy people, take advantage of the weakened immune system to get established in the person's body

oral sex	Sexual activity in which one partner uses his or her mouth and tongue to stimulate his or her partner's genitalia.
penis	A male's external sex organ. It contains the urethra - the tube through which urine and semen flow.
rectum	The end of the intestines. It is through the rectum that a person passes bowel movements, or stools.
routine testing	Testing that includes everyone in a particular situation, in this case, testing for the virus that causes AIDS. Also known as mandatory testing.
secondary infection	Infections such as mononucleosis (mono), tuberculosis (TB), and syphilis that often affect people who already have another disease such as AIDS.
semen	The fluid that is ejaculated from a male's penis when he has an orgasm - during, for example,sexual intercourse, a "wet" dream, or masturbation.
seronegative	In the case of AIDS, the absence of AIDS virus antibodies in the blood.
seropositive	In the case of AIDS, the condition of having AIDS virus antibodies found in the blood.
sexual intercourse	A sexual activity in which the penis is put inside the vagina, rectum or mouth of another person.
spermicide	A chemical product that kills sperm or other organisms like viruses or bacteria on contact. It is used as part of preventing pregnancy and some sexually transmitted diseases. It is most effective when used with a physical barrier like a condom.
syringe	The hollow case that holds a drug or medicine before it is injected into a person's body.
transmission	Passed along. In the context of disease, passed from one individual to another.
unprotected sex	Sexual intercourse without the use of risk reduction measures such as a condom.
vaccine	A preparation introduced to the body to produce immunity to disease. Historically, most vaccines have been made of weakened, or killed disease organisms themselves. In the future, we may see vaccines which are genetically engineered non-lethal forms of such organisms.
vagina	The part of the female genital tract that connects the uterus to the outside of the body. This is where the penis is placed during intercourse. It is also where a tampon is inserted.
vaginal fluids	Body secretions that are found in a female's vagina.

viral culture — A laboratory test wherein medical workers grow a virus from the cells or body fluids of an infected person.

virus — An organism formed of genes surrounded by a protein coating. Technically a virus is not living, since it cannot reproduce itself outside a living organism. Viruses are smaller than any living organism.

Western Blot — A test used to detect HIV antibodies in samples of blood, other body fluids or tissue. This test is more difficult and more expensive to perform than the ELISA but is believed to be more specific than the ELISA, so it sometimes is used to verify ELISA results.

window period — A length of time in which a person is infected with HIV but has not produced enough antibodies to be found in tests of blood, body fluids, or tissues. The widow period is usually from three weeks to six months.

works — The needle, syringe, and equipment used to mix and prepare drugs for illegal intravenous use.

CHAPTER 4

APPROACHES TO INSTRUCTION

PREPARATION FOR INSTRUCTORS

Successful instructors know how to use effective teaching strategies. They understand and respect the learner's background and belief system, and have sufficient factual information about the topic of instruction. They also recognize their own biases about both the topic and the learner's beliefs. In short, effective teaching includes knowing the learner, knowing the topic and knowing one's self.

Knowing the Learner The SAFE Curriculum Package was developed for people who have difficulties learning. Beyond this similarly these people have their own unique values, beliefs and behaviors that are influenced by such things as their ethnic or cultural background, religious orientation, gender, sexual preference and socio-economic status. These influences extend to their attitudes toward sexuality, including premarital sex, homosexual behavior, talking about personal beliefs and behaviors, assertiveness in women regarding sexuality and the use of condoms, the use of birth control in general and talking about the possibility of facing serious illness or death. Trainers, in order to be successful, must understand and respect the learners' values and beliefs. For example, it would be a great disservice to make a man who is unmarried and whose belief system prohibits him from engaging in premarital sex, using condoms or masturbating, to complete all of the activities in lesson 12 which include putting on condoms in private and masturbating. It also would be a disservice to ridicule or judge a person for engaging in same-sex sexual activities. The judgement may make the person more secretive about the behaviors, but probably wouldn't change the behaviors, and more importantly, the judgement would be likely to interfere with the person hearing information about just which behaviors are unsafe and which behaviors make for safer sex.

Instructors who plan to teach people with backgrounds different from their own, whether Asian, Hispanic, Native American, Black, Roman Catholic, Buddhist, Gay, Lesbian or straight should explore the persons' belief systems. Instructors can look to organizations such as the National Council of Churches and The

National Association for the Advancement of Colored People to help learners resolve conflicts between the learner's personal belief system, their behavior and the facts related to AIDS prevention.

Knowing the Topic HIV/AIDS prevention is a complicated topic and it can be a frightening topic. It is important that instructors be familiar with the facts about HIV/AIDS so they can help dispel some of the myths that surround this terrible disease. Instructors who have had no formal training in HIV/AIDS usually can get information from well-informed health educators at their local health department.

Knowing Yourself One of the most difficult parts of teaching people about AIDS prevention is recognizing one's own biases about sexuality, different lifestyles and talking about the prospect of death. Instructors who express their biases are sure to teach learners at least one thing: to be quiet about their own beliefs and behaviors. An instructor's job is not to set the standard for behaviors and beliefs, but to present factual information so people can make informed decisions about their own behaviors and beliefs.

PLANNING AHEAD

Develop a Context Ideally, the curriculum should be taught within the larger context of instruction in health, social skills and sex education because such a context is known to make material more meaningful and thus more easily learned (National Coalition of Advocates for Students, 1988). At a minimum, learners must have some basic knowledge about sexuality that includes knowledge of body parts, understanding differences between males and females and knowledge of sexual activities. Curricula and other resources for teaching these topics are in Appendix B and Appendix F.

Prepare Yourself Read the entire curriculum package before beginning instruction so you will be familiar with the scope of the issues you will be dealing with. Review lessons and assemble needed materials ahead of time. If it will be helpful, use colored highlighters to identify different parts of the written lessons: review, instructor's comments, and illustrations. Before showing the video segments, preview them and decide which ones are suitable for which learners.

Assemble Groups Decide on group size and composition. Although instruction given individually to one person at a time may be indicated in some cases, the interaction among people in a group offers a feature that instructors are unable to provide by themselves. Keep in mind that some lessons lend themselves to mixed groups of both sexes while other lessons should be taught to groups of only men or only women. As a general rule, mixed groups can work well for lessons that do not deal with sexuality (SAFE Lessons 1-6 and 15-18). Groups segregated by sex should be formed for lessons that do deal with sexuality (SAFE Lessons 7-14).

Pre-test Learners Find out what learners already know about HIV infection by giving the pre-survey in Chapter 2 separately to each learner. If this is not possible, do begin the first session with a group discussion so you can find out what learners already know about HIV infection and what concerns they have.

Develop Trust Work to establish trust among the group members so they will be able to speak candidly, bring up issues they want to address and support one another.

Use Patience Recognize that the time it takes to complete a lesson will depend on how long it takes people to learn it. For example, Lessons 1 through 3 that deal with AIDS is, what causes it, and who can get it may be learned in a single session while Lessons 9, 12 and 14 on saying "no" to unwanted sex, using condoms and insisting on safer sex practices may require several sessions each.

Locate Resources Look to your local health department for brochures or other literature that will be useful to staff, parents and perhaps clients. (The health department may be able to give you posters or other materials that can be understood by clients). Local health departments as well as local AIDS hotlines also may be able to answer questions you are unprepared to deal with yourself and to provide assistance in case a learner needs to make a decision about testing. Phone numbers for AIDS hot lines are in Appendix G.

INDIVIDUALIZE INSTRUCTION

Use concrete Experiences If people with severe learning problems were able to absorb information the same way most of us do, a special curriculum package on HIV/AIDS would not be needed. However, people who have difficulties learning tend to learn best when the following conditions are present:

- information is made concrete with examples and demonstrations, given in small, manageable pieces, and repeated several times in different ways.
- skills are demonstrated (in natural environments when possible), and practiced frequently (in natural environments when possible).

Repeat lessons as needed SAFE Lessons offer a guide for teaching, in a planned sequence, about the prevention of HIV infection. Although they offer information in small, manageable pieces, some learners may need to repeat some or all of the lessons several times before they understand the concepts the lessons are designed to teach. Therefore the following recommendations are offered for individualizing instruction.

- Use cues from the learners to decide how rapidly to move through the curriculum.
- Repeat lessons as needed. Repeat lessons in several consecutive sessions or return to a lesson that has been taught earlier if necessary.

Adapt lessons Because people with MR/DD comprise a diverse population with differing abilities, lifestyles and access to information, the curriculum is designed to be adaptable to different audiences. Instructors must decide if more or less time should be devoted to the various concepts, and if more or less detail should be given to each audience. Instructors can tailor the SAFE Curriculum to different learners by deciding:

- which lessons and instructional materials are needed
- how much time to devote to each lesson
- how much detail to include
- whether to repeat lessons
- how to adapt language to learners' needs

Monitor Participation The individualization of instruction for a number of people calls for keeping track of who has had which lessons. Some learners will need to have lessons repeated several times, some will move from one lesson to another without need for repetitions and some will miss lessons because of illness, work or other obligations.

The following example of a tracking chart is designed to help track learners' attendance at lessons. Note that the completed form can be used to show when such things as the following occur:

- lessons 1-3 were conducted on the same day
- lessons 4 and 5 also were conducted on the same day
- Michael had lessons 4 & 5 on different days than the rest of the people
- lesson 7 was repeated on two days

A blank copy of the tracking chart is on the next page.

TRACKING CHART
SAFE CURRICULUM PACKAGE

DIRECTIONS: Write the learners' names in the left hand column. In the boxes under "Lessons", enter the date that the learner participated in that lesson. If the learner participated in the lesson more than once, enter all of the dates, e.g.

LEARNERS / LESSONS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Boyd	3/6	→		3/9	→	3/11	3/15 3/25	3/13										
2. Jim	3/6	→		3/9	→	3/11	3/13	3/16										
3. Louie	3/6	→		3/9	→	3/10	3/15	3/17										
4. Michael	3/6	→		3/9	→	3/11	3/15 3/25	3/18										
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

TRACKING CHART
SAFE CURRICULUM PACKAGE

DIRECTIONS: Write the learners' names in the left hand column. In the boxes under "Lessons", enter the date that the learner participated in that lesson. If the learner participated in the lesson more than once, enter all of the dates, e.g.

LEARNERS **LESSONS**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		

INSTRUCTIONAL STRATEGIES

Some teaching strategies that have been particularly successful for people who have problems learning are described below.

Modeling Modeling is a technique used to get a person to copy something he or she has seen or heard. Modeling is much like demonstrating how to do something, but people are more likely to copy a carefully planned model than a simple demonstration because a model employs more elements and is more powerful. In order to copy a model, a person must:

- attend to the model's behavior,
- remember what is seen or heard,
- have the skills needed to do the activity, and
- be motivated to imitate the behavior.

Instructors can construct effective models if they understand that people are more likely to copy an activity that is modeled if the following conditions are present:

The model is powerful. This means that the person doing the modeling is powerful to the learner. This could include the learner's friend, or someone he or she especially admires, but not someone the learner looks down on.

The model is somewhat similar to the learner. Males are more likely to imitate males, and females are more likely to imitate other females. People tend to copy the actions of others who are similar to them in terms of gender, social status, life style and age.

The model shows pleasure in doing the behavior. People are unlikely to imitate someone doing an activity who shows pain, embarrassment or other negative feelings while doing the activity.

The model receives consequences for doing the behavior that are desirable to both the model and the observer. People are unlikely to copy the behavior of someone who receives punishment or ridicule for a particular behavior.

Guided Practice Guided practice is used to give learners repeated opportunity to try out new skills. During this type of practice, the instructor watches and guides the activity by giving encouragement, telling learners when they are on the right track and giving corrective feedback. This way the instructor can discover how much the learners know, what additional assistance they may need, and if they are ready to take newly learned skills into the "real world". An example of guided practice is having learners put condoms on anatomic models while the instructor watches and gives any needed assistance before expecting them to have all the skills needed to use condoms in real life.

Guided Discussion Guided discussion can be used to get a view into someone else's world by asking questions that elicit information about what they know or think about something. When conducting this type of discussion, instructors control the direction of the discussion through the questions they ask and by giving attention to answers and comments that support the desired direction. For example, the instructor might ask an open ended question such as, "Why is AIDS such a serious disease?" and then comment particularly on answers that show understanding that AIDS is a disease without a cure, or that it is transmitted through people's behaviors.

Role Playing Playing the part of someone else, or pretending to be yourself, but in a hypothetical or imaginary situation is a particularly effective way for people to try out how they might feel or act "if such

and such happens". This type of pretending, called role playing, offers a relatively non-threatening way to explore feelings and to practice new skills.

Instructors who use role playing will find that a little preparation can make it an even more effective strategy. This preparation includes the following:

Use role playing to accomplish a particular purpose such as to practice saying "no" to unwanted sexual activity, or to explore how close one can be to someone who is HIV positive and still feel safe.

Before asking people to role play, set up the situation. Describe for them the circumstances that are pertinent to the purpose of the role playing. Tell them what has just happened and who is involved. Then ask them to show how they would handle the situation. Help people learn how to role play. First show them how by setting up a situation and then acting it out yourself.

Initially choose learners who are most likely to be able to play a role and have them team up with you while the rest of the group watches. Gradually include other people in role playing.

Set up ground rules for role playing. It is alright to laugh at people during role playing, but it is not alright to be unkind to them.

Using Video Segments The following tips are offered to enhance the use of video segments from the SAFE Curriculum Package or any other source.

> The videosegments are a part of the lessons in the SAFE Curriculum Package. They should not be used without the lessons because they cover only a few of the issues involved in HIV/AIDS prevention. The videosegments used alone cannot adequately teach people how to prevent HIV infection.

- Instructors should preview the video segments so they will know what is in them and can anticipate how learners may respond to them.
- Select the video segments that are suitable for the learners.
- Prepare learners to watch for particular things in the segment. Do this by telling them something like, "In this segment, you will see, (describe what you want the learners to notice)", or "After we see this video segment, I am going to ask you about ____".
- After viewing the segment, ask learners specific questions to discover what their understanding of the message is.
- If you think it will be useful, show the video again, immediately after the discussion following the first showing, or again on another day to make a different point.

Individualize Stories Instructors can individualize the stories that accompany some of the lessons by changing names of characters and the places in the stories. During the field studies, one pair of trainers changed the names of Bev and David in the stories to their own names and renamed the factory to the Community Work Center where their clients actually worked. The trainers also dramatized the stories by acting them out themselves and by having learners act out the stories. This helped learners relate to the stories.

The Fooler Game This technique can be used to challenge learners' understanding of concepts or memory of factual information. The technique is used after instruction has been given and the instructor believes the learners have acquired the new information.

The instructor first warns the learners with,

> "I am going to fool you. I am going to tell you things that are not true. You will have to catch me doing it."

The instructor then begins with statements that are blatantly false, for example, the instructor might say,

> "You can catch the AIDS virus by living in the same town as someone who has the virus," or
>
> "You can catch the AIDS virus by walking on the same sidewalk as someone who has the virus."

If learners do not identify the statement as false, the instructor says,

> "I fooled you. You can't get the AIDS virus just by living in the same town as someone who has it. You have to touch their body fluids."

If learners do identify the statement as false, the instructor says,"

> "Wow, I can't fool you. You are too smart. You know too much. But I will try again."

The instructor then makes another false, but a less outrageously false one, such as:

> "You can get the AIDS virus by shaking hands with someone who has the virus."

This activity usually provokes a lot of good humor and fun. Learners typically are amused by their own ability to identify false statements and not be "fooled". In order for this activity to be successful, instructors must lay the groundwork carefully and proceed slowly. They must teach learners how to play the game before they make it more complicated. They also must be able to recognize when some learners simply lack the verbal reasoning skills that are needed for this game.

When learners are ready, the instructor can make the game more difficult and more interesting by alternating true and false questions, by making statements that are less dramatically false and by having learners take turns being the fooler while the instructor and other learners try to detect false statements.

A WORD ABOUT TERMS Health professionals now refer to the spectrum of HIV infection as HIV disease and properly reserve the term "AIDS" for the end stage of the disease in progression. However, we have chosen not to use the terms "HIV" or "HIV infection" in material developed for learners and instead refer to the virus that causes AIDS as the "AIDS virus". This decision was made in order to limit the number of new words that learners would have to deal with and to keep the one (AIDS) that is the

popular usage and that learners may have heard before. If you find that learners already are familiar with the new terms, "HIV-infection" and "HIV" and believe they would learn more easily if these words are used, we encourage you to use them.

Along the same line, we purposely have used a limited vocabulary of the simplest words we could that still would convey the ideas we are trying to get across. We also have used the same wording to refer to the same concept. However, we expect instructors to adjust the vocabulary and phrasing to suit the needs of learners. After all, the curriculum is canned, but the instructors are not.

Instructors in sexuality soon find that the words they use to describe sexual behaviors and body parts often are very different from the words used by learners. While it is important to be accepting of the learner's vocabulary, we believe it also is important to help learners use grown up words for grown up activities. In order to achieve this fine balance we recommend that instructors show their acceptance of the learners' words by using them themselves, and then pairing these words with the more mature word. For example, if the learner says, "...put a condom on your dick..." the instructor can say something like, "Yes, to protect yourself and your partner is important to put a condom on your dick, or penis. Men should always wear a condom on their penis when they have sexual intercourse."

Of course, the words people use when they are alone with their sexual partner are entirely up to them and their partner. This difference may be made more understandable to learners if it is couched in terms of "public talk" and "private talk".

CHAPTER 5

LESSONS

BEST COPY AVAILABLE

First, you need to believe you're at risk.
Then you need to believe that the risk is
dangerous and unacceptable and that the
recommendations we give will reduce the risk.

Shoshana Rosenfeld, 1989

LESSON 1 **WHAT IS AIDS?**

learner objective to identify AIDS as a disease that is communicable and deadly but preventable

BACKGROUND INFORMATION FOR INSTRUCTORS ***"AIDS"*** stands for a disease called Acquired ImmunoDeficiency Syndrome. The disease is caused by a ***virus*** known as ***HIV*** (Human Immunodeficiency Virus). HIV, once in a person's body, attacks and slowly debilitates the ***immune system***.

Increased knowledge over the past 10 years has lead to a classification of HIV in terms of stages in a spectrum as shown on the table below (Oregon State Health Division, 1987). People in any stage of the disease can transmit HIV to others.

THE SPECTRUM OF DISEASE CAUSED BY HIV

stage	Stage I	Stage II	Stage III	Stage IV
		HIV + asymptomatic (without symptoms)	HIV + symptomatic (with symptoms) formerly called AIDS-Related Complex (ARC)	AIDS
symptoms	what appears to be a common acute illness in response to a viral infection. This mononucleosis like or severe cold-like illness resolves within a week or two.	none	some signs of damaged immune system (weigh loss, chronic diarrhea, swollen lymph glands)	one or more ***opportunistic*** **infections**
HIV antibodies show up in testing	usually not	yes	yes	yes
person could infect others	yes	yes	yes	yes
approximate duration	a few weeks to 6 months	7-10 years or more		

Although ***antiviral drugs*** such as ***AZT*** can prolong the lives of some people who have AIDS, there is no known cure for this deadly disease at this time. There is no ***vaccine*** to prevent people from getting ***HIV infection***. The only protection from HIV is to avoid exposure to the virus.

DIRECTIONS FOR INSTRUCTION This lesson is set up first to focus learners' attention on the topic of disease and then to discover through questioning, their understanding about how some diseases are transmitted from one person to another and the role viruses and bacteria play in ***transmission***.

VOCABULARY

AIDS	protect
AIDS virus	serious
disease	sex
germs	virus
having the AIDS virus	

MATERIALS

- illustrations 1.1 a person sick in bed, 1.2 David and Bev at bus stop
- videosegment: *Russell Talks About the AIDS Virus*

INSTRUCTIONAL CONTENT

Introduction This talk is about your health and a very serious disease. We want you to know about this disease so you can protect yourself from it.

discussion *(illustration 1.1 a person sick in bed) Encourage learners to talk about their experiences of being ill so you can learn about their understanding of illness. Prompt them with questions such as:*

- Have you ever been sick? So sick you had to stay in bed like the person in the picture? Or so sick you had to go to the doctor?
- What made you sick?
- Did anyone else get sick?
- What helped you get well again?

statement We can get sick when certain germs or viruses get into our body. *(Repeat examples from the previous discussion. For instance, "Jason got the flu when a virus got into his body. Melanie got an infection in her finger because germs got into her finger when she cut it.")* There is a very serious disease that people get from each other. This disease is called AIDS.

- Who can tell me what AIDS is?
- Why are people so worried about AIDS?

statement AIDS is a disease that people get from each other. It is a very serious disease because there is no cure for it. There is no way to get well from AIDS. Many people who get AIDS die. But it is important to know that you can protect yourself from getting this disease. There are things that you can do to protect yourself from this serious disease.
(*Illustration 1.2 David and Bev at bus stop*)

story This story is about David and how he learns about AIDS.

David is waiting at the bus stop for his friend Bev. Every morning they ride the bus together to work at the factory. Today, Bev is late. That is not like her. Usually she is early. Early for the bus. Early to work. Early to go home. Always in a hurry. Then David sees her. Bev is running so hard her back pack flaps hard against her back. As she comes closer, David can see she has been crying.

"Bev, Bev. What's wrong? You're crying," he says.

"Oh David. It's my cousin Russell. He's so sick. He has AIDS."

"Don't cry, Bev," David says patting her on the shoulder. "Don't cry. He'll get well.

"No, David," Bev answers. "You don't understand. People don't get well from AIDS. They get sick and they die."

"Can't he take a pill to get well?" David asks.

"No, David. There are no pills for AIDS. There is no medicine for AIDS. There is no way to get well from AIDS." Bev says as she looks through her back pack for a kleenex.

David thinks for a minute and then says, "AIDS is a terrible disease. How do people get it?"

Bev wipes her eyes and says, "People get AIDS from other people who have it in their body."

"Oh," says David as he looks into Bev's eyes. He had never noticed how soft they are. He feels sorry for her. He also feels afraid. "Will I get AIDS?"

"No one has to get AIDS, David. There are many things you can do to protect yourself from AIDS."

Just then the bus pulls up and the two of them climb aboard.

video segment *Russell Talks About the AIDS Virus* Russell, who has the AIDS virus tells his friend that he did not use condoms because he did not believe he would get the AIDS virus. Russell encourages other people to use the precautions that can protect them from the virus. 6 minutes.

discussion questions following video segment

- Why is Russell's friend concerned about him?
- How did Russell get the AIDS virus?
- How would you feel if you were Russell's friend? If you were Russell?

QUESTIONS TO ASSESS LEARNING

1.	What is AIDS?	a serious disease
2.	Why is AIDS such a serious disease?	it makes people very sick, many people die
3.	If people get AIDS, how can they get rid of it? (get well)	there is no way to get rid of AIDS
4.	Can people do things to keep from getting AIDS?	yes

NOTES

LESSON 2 **WHAT CAUSES AIDS?**

learner objective to name the body fluids that can pass the AIDS virus

BACKGROUND INFORMATION FOR INSTRUCTORS The human immunodeficiency virus (HIV) has been found in many different ***body fluids***, but it is known to be able to carry the infection from one person to another only through a few of these fluids. These are blood, ***semen, vaginal fluids*** and breast milk. Although sometimes found in saliva, urine, sweat and tears, HIV has never been known to be transmitted to another person via these fluids (Lifson, 1988). However, HIV in any body fluid does indicate the person has HIV infection.

DIRECTIONS FOR INSTRUCTION Besides avoiding the obvious blood from a bloody nose or a cut, learners should be told to avoid other people's wet blood from less dramatic sources such as skin that has been picked until it bleeds, menstrual blood on discarded clothing, napkins or tampons, and blood in the saliva of someone who has bleeding gums.

VOCABULARY

vaginal fluids

semen

virus

MATERIALS

- illustration 2.1 a person bleeding from a cut
- illustration 2.2 a couple in bed
- illustration 2.3 a syringe and needle used for drugs
- illustration 2.4 helping someone who is bleeding

INSTRUCTIONAL CONTENT

review Review the following points.

- AIDS is a serious disease because it kills many people.
- People who get this disease do not ever get well again and often they die.
- People get AIDS from other people who have it.
- There are things you can do to protect yourself from getting AIDS.

introduction Now we will talk about how people get the AIDS virus. It is important to know this so you can protect yourself.

statement AIDS is caused by a virus. The virus is so small (like a tiny little bug) you cannot see it, but the AIDS virus is so strong it can kill people. So

AIDS is a disease you can get from other people who have it, and it is a disease that can kill people. But it is a disease that you can protect yourself from getting.

The only person who can protect you from the AIDS virus is you. We want you to know how to keep yourself safe from the AIDS viruses so this is what we will talk about next, the AIDS viruses.

The AIDS virus is a swimmer. It needs wetness to live. The AIDS virus can live only where it is wet and warm like it is inside a person's body. The AIDS virus can live in the wetness in blood and the wetness that people make when they have sex.

People can get the AIDS virus only from other people who already have it in their body. The virus can live in blood and in the wetness that people make when they have sex.

There are two main ways you can get the AIDS virus in your body from someone who is infected. These are:

- getting blood from an infected person in your body
- having sex with someone who is infected and getting the wetness they make in your body

(illustrations 2.1 a person bleeding from a cut, 2.2 a couple in bed, 2.3 a syringe and needle used for drugs) First, we will talk about how people can get someone else's blood in their body. This can happen if you help someone who is bleeding and their blood gets into your body. You can get someone else's blood in your body if you use their razor and cut yourself. You can get someone else's blood in your body if you use their needle to put drugs into your own body. Sometimes you can get someone blood when you have sex.

These are some ways you can get someone else's blood in your body.

- by helping someone who is bleeding
- by having sex with someone
- by using someone else's needle

(illustration 2.4 helping someone who is bleeding)

story This story is about how David learns where the AIDS virus can live.

As David follows Beverly up the stairs of the bus, he can hear the people on the bus.

"Watch out! He's bleeding."

"Don't touch the blood."

"Don't get any blood on you."

"Here, put these baggies over your hand. Then you won't get any blood on you.

When David reaches the top of the stairs, he can see the man sitting near the middle of the bus. The man's head is resting against the window ant blood is streaming from his nose. The man's eyes are shut and he doesn't move.

"What's wrong?" David asks Beverly.

A grey haired woman sitting nearby turns from watching the man and says to David,

"Don't know, must'a fallen asleep. Or a seizure. Fainted, maybe. Bumped his nose. Blood all over."

"Yeah, blood all over," David says.

David looks over at the man again. A guy in a yellow sweatshirt is standing, reaching over his own seat and helping the man who is bleeding. On his hands are plastic sacks like the ones David puts his vegetables in at the grocery store. The man is holding a large white cloth over the bleeding man's nose. David wonders why the guy is wearing plastic sacks on his hands. David thinks to himself,

"Why is he wearing plastic sacks on his hands? That's weird."

He turns to Beverly and asks, "Why is he doing that? Plastic bags on his hands. Why?"

Beverly looks at David and says, "To keep the blood off his hands. The AIDS virus can live in blood so we all must be careful not to get blood from other people on us."

David was surprised. "In blood?" he asked. "The AIDS virus can live in blood?"

"Yes," says Bev. "In blood from any part of your body and in the wetness that people make when they have sex. The AIDS virus can live in these juices from people's bodies. People who have the AIDS virus in their body can give the virus to other people who touch their blood or the wetness from sex."

David thinks about this. "Blood and the wetness from sex...this is where the AIDS virus can live. I need to know more about this."

Before he can ask another question, Bev says, "Come on David. Here's our stop...we can talk about this while we walk."

The two friends get off the bus and head down the street to the factory.

QUESTIONS TO ASSESS LEARNING

1. The AIDS virus lives in certain body fluids. What fluids are these?

   blood from any part of your body and the wetness from sex (semen and vaginal fluids).

NOTES

LESSON 3 **WHO CAN GET THE AIDS VIRUS?**

learner objective to identify that anyone can get AIDS

BACKGROUND INFORMATION FOR INSTRUCTORS Early publicity about AIDS emphasized ***gay*** men because they were a group most affected by the disease, but today AIDS is thought of as a disease linked to ***high risk behaviors*** rather than to types of people. Although most of the people who were first diagnosed as having AIDS were men who had sex with other men or people who used ***intravenous drugs***, the incidence of the disease now is increasing among people who have only ***heterosexual*** intercourse and people who do not use intravenous drugs.

Through engaging in high risk behavior, anyone, whether heterosexual, homosexual, or ***bisexual*** can get AIDS. This is seen dramatically in parts of central Africa where AIDS is present in a large segment of the entire population and is as common in women as it is in men. HIV infection can affect anyone.

MATERIALS

- illustration 3.1 David touching Bev's arm
- illustration 3.2 group of people showing differences

INSTRUCTIONAL CONTENT

review Review these points with the learners.

- AIDS is a serious disease because it kills many people
- People can get the AIDS virus from other people who have the AIDS virus in their body.
- The AIDS virus is a swimmer. It needs wetness to live.
- The AIDS virus can live in blood, semen and vaginal fluids.
- People get the AIDS virus from the blood, semen and vaginal fluids of people who have the virus.

introduction This lesson is about who can get AIDS. It is important to know who can get this serious disease so you can protect yourself.

(illustration 3.1 David touching Bev's arm)

story In this story David learns that anyone can get the AIDS virus.

As David and Beverly walk toward the factory, David thinks about what he had just learned. The AIDS virus can live in blood and in the wetness people make when they have sex. Everyone has blood and everyone makes wetness when they have sex. Does this mean anyone could get the AIDS virus? David wants to know. He touches Bev's arm and asks,

"Bev, can anyone get the AIDS virus?"

Bev answered immediately. "Yes, anyone can get the AIDS virus."

"Anyone?" David asked. "Even me?"

"Even you, David, if you get the wetness from sex or blood from someone who has the AIDS virus."

"Could Ralph get the AIDS virus?"

"Yes, David," Bev answered. "Ralph could get the AIDS virus if he gets the wetness from sex or blood from someone who already has the AIDS virus."

As they turn the corner, David sees Ralph and Eva getting off their bus in front of the factory. David wonders if Eva could get the AIDS virus too. He asks Bev,

"Can Eva get the AIDS virus, too?"

Before Bev can answer David, Ralph runs up to Bev and David, smiling his big smile.

"Hi'ya David, Bev! How'ya doing?" David still wonders, could Eva get the AIDS virus, too?

discussion questions

- Could Eva get the AIDS virus, too?
- What would Eva have to do to get the AIDS virus?
- Can anyone touch body fluids from an infected person and be absolutely sure they would not get the AIDS virus?

activity #1 Who Can Get the AIDS Virus? *(This activity is designed to help learners understand that anyone, even they, can get the AIDS virus. The activity involves asking the question, "Who can get the AIDS virus?" and then instructing learners to signify in some way (stand up, raise their hand, nod their head) if they can get the AIDS virus. Everyone in the room should then signify that they could get the AIDS virus. If anyone does not, this can be used as an opportunity for the group to discuss that we all are susceptible to the AIDS virus. This activity can be repeated several times, even during other lessons, if necessary.)*

statement *(illustration 3.2 group of people)* One thing about the AIDS virus is certain. Anyone who does not protect themself can get the virus. Anyone. You could get the virus and I could get the virus if we don't protect ourselves.

QUESTIONS TO ASSESS LEARNING

1.	Who can get the AIDS virus?	any person who does not protect him or herself
2.	Could I get the AIDS virus?	Yes, anyone who does not protect him or herself can get the AIDS virus.
3.	Could you get the AIDS virus?	Yes, anyone who does not protect him or herself can get the AIDS virus.

NOTES

LESSON 4 **HOW CAN YOU TELL IF A PERSON HAS THE VIRUS?**

learner objective to identify that you can not tell by looking at people if they have the AIDS virus.

BACKGROUND INFORMATION FOR INSTRUCTORS The only sure way to know if someone has the AIDS virus is through a blood test designed to detect ***antibodies*** that the body manufactures to defend itself against the virus. (See lesson 18 on testing.) The problem of "knowing" if someone has the virus is compounded by the virus' long ***incubation*** period. It is possible to have HIV infection for as long as fifteen years and show no symptoms of illness. People who have the virus do not always know they have it, but the infection would show up in testing. Even though people have no symptoms, they could infect other people who get their body fluids in them. For all practical purposes, we must assume that anyone could be infected and act accordingly to protect ourselves.

DIRECTIONS FOR INSTRUCTION This lesson has two parts. Part one is about how it is impossible to tell by looking at people if they have the AIDS virus. The second part is optional and should be given only when learners show by their questions that they are seeking more information about how HIV infection makes people sick. Part two attempts to introduce the concept of the immune system (the special protection) that is impaired by HIV infection. This is a very abstract and confusing concept. You may be able to draw an analogy between the immune system and a fence that can keep out wild dogs. If the fence is damaged (by HIV) it no longer can keep the bad things out.

MATERIALS

- illustration 1.1 person sick in bed
- illustration 4.1 David and Bev in cafeteria
- illustration 4.2 group of people
- illustration 4.3 group of people
- illustration 4.4 group of people
- illustration 4.5 group of people

VOCABULARY

looking healthy	protection
looking sick	signs of disease
looking well	special protection
many years	symptoms

INSTRUCTIONAL CONTENT

PART ONE

review Review the following points with the learners.

- Anyone who does not protect him or herself from the AIDS virus can get it.

- You could get the virus, I could get the virus if we do not protect ourselves.
- This is very serious because there is no way to get rid of the AIDS virus once you get it.
- It is very serious because the AIDS virus can kill people.

(illustration 4.1 David and Bev in Cafeteria)

story In this story, David learns that you can't tell by looking at people if they have the AIDS virus.

All that morning at work David thought about Bev's cousin Russell. David had seen Russell only last month. He didn't look sick then. But now he has AIDS. At lunch time while David is getting coffee in the cafeteria, he sees Bev across the room. He walks over to her table where she is talking with some friends. They all look very serious.

"Hi David, come on and sit with us," Bev says. "I was just telling Jennifer and Clyde about Russell having AIDS," she says sadly.

Jennifer looks up from her steaming soup and says, "You know, I think Jimmy has the AIDS virus, too."

"What do you mean?" asks Clyde. "What makes you think that?"

"Cause," says Jennifer as she blows on a hot spoonful of soup, "he always looks sick."

"Just being sick doesn't mean you have the AIDS virus," says Bev. "You really can't tell from people's looks if they have the AIDS virus."

"Besides," says Clyde, "Jimmy has allergies. That's why he sometimes looks sick."

"Yeah," says Bev. "Most people who have the AIDS virus don't look sick at all. It takes a long time for the virus to make people sick. That AIDS virus is really sneaky. It can be in a person's body for years and years before it makes the person sick."

David is surprised. This is different from anything he had ever heard before. A virus that can stay in your body for a long time and wouldn't make you sick for years and years. That means that people could have the AIDS virus and no one would know it. You just can't tell by people's looks if they have the virus or not.

David turns to Bev and asks, "Is it true that people who look healthy could have the virus?"

Bev answers, "Yes, David, that is true."

Then David asks, "Is it also true that people who look sick, even very sick, do not necessarily have the virus?"

Again, Bev answers, "Yes."

This gives David something to think about. You sure can't tell if people have the AIDS virus just by the way they look.

introduction This talk is about how you cannot tell if a person has the AIDS virus in their body. It is important to know this so you will know how to protect yourself.

statement *(illustration 4.2 four different people)* Many people who have the AIDS virus are not sick yet. They have no illness and they show no signs that they have the virus. People can have the virus and still feel well. They can have the virus and still look well. You cannot tell if people have the AIDS virus just by looking at them.

question "Look at the pictures of these people. Tell me, who do you think has the AIDS virus?" The answer is: "You can't tell by looking at people if they have the AIDS virus."

statement *(illustration 1.1 person sick in bed)* When you are sick, you are careful not to give your sickness to other people. But, people who have the AIDS virus do not always know they have it in their body.

Remember, you can get the AIDS virus only from someone who has the virus. You can get the virus from someone who has it only if you get their blood or the wetness from sex into your body. And, if people do get the AIDS virus in their bodies:

- There is no medicine to make the AIDS virus go away.
- There is no way to get rid of the AIDS virus.
- You cannot tell if people have the AIDS virus just by looking at them.

You must learn how to protect yourself from the AIDS virus. The AIDS virus is very sneaky. It can live in people's bodies for many years without the people even knowing they have it.

It takes a long time for the AIDS disease to develop. When the virus gets into a person's body there are no signs of the disease for a long time, sometimes for many years and the person can look healthy. This is why you cannot tell who has the AIDS virus.

question (*illustration 4.3 group of people*) Here is another picture of people. By looking at their picture can you tell me who has the AIDS virus? The answer is: You can't tell who has the AIDS virus by the way people look. (Repeat this activity with *illustrations 4.4 and 4.5 group of people*, if necessary.)

PART TWO (optional)

Introduction Now, we will talk about the special protection that keeps us healthy.

statement Healthy people have a special protection in their body that fights illness. (*Use examples from the earlier discussions such as, "When Jack got a cold and Mary got the flu they got better again. They got well because their special protection fought the illness.*") We all have this special protection. It helps us stay healthy.

AIDS is a serious illness because it hurts the special protection inside a person's body. It takes a long time for the AIDS virus to hurt the special protection. But the AIDS virus beats and beats on the special protection until finally the special protection cannot keep the person well.

When the special protection does not work, the person gets sick easily. The person cannot stay well because the special protection no longer works and the person finally dies. This is why AIDS is a killer disease. It ruins the special protection that keeps people healthy and the people finally die.

QUESTIONS TO ASSESS LEARNING

1. How can you tell if a person has the AIDS virus?	you cannot tell if people have the AIDS virus just by looking at them

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NOTES

LESSON 5 **HOW DO PEOPLE GET THE AIDS VIRUS?**

learner objective to describe the main activities that can pass the AIDS virus from one person to another.

BACKGROUND INFORMATION FOR INSTRUCTORS HIV, found in blood, semen and vaginal secretions of infected people can be transmitted through activities in which these body fluids from an infected person get into the body of someone who is not infected. There are primarily three ways this can happen. These are:

- having ***sexual intercourse*** with an infected person,
- sharing a needle with an infected person to inject drugs, and
- for an unborn baby, through the blood stream shared with an infected mother.

HIV most commonly is transmitted through sexual intercourse (from man to woman, woman to man, man to man and woman to woman). The second most common way HIV is transmitted is through the sharing if IV drug needles or ***syringes*** that have become contaminated with the blood of a user who is infected. HIV conceivably can be transmitted from an infected person by any needle that punctures the skin such as needles used to pierce ears, make tattoos or to do acupuncture. However, if the needles are sterilized between use on different people, they cannot carry the virus.

It is equally important for people to know hot HIV is not transmitted as it is to know how HIV is transmitted. People do not get HIV infection through the ***casual contact*** ordinarily experienced by people who work, live and play together.

In the past, some people who received ***blood transfusion*** or blood products developed AIDS because some blood had been donated by people who had HIV infection. Since 1985, all blood donated in this country has been screened for HIV infection. Blood that is found to be infected is discarded and is not transfused (Department of Health and Human Services, Public Health Services, and Centers for Disease Control, 1989).

MATERIALS

- illustrated brochure *You Can't Get AIDS by Shaking Hands*, one copy for each learner to keep
- illustration 5.1 David and Clyde in cafeteria
- illustration 5.2 hand bleeding from cut
- illustration 5.3 nude woman
- illustration 5.4 nude man
- illustration 5.5 shaking hands
- illustration 5.6 sharing phones
- illustration 5.7 sharing hot tubs
- illustration 5.8 wiping noses
- illustration 5.9 changing diapers
- illustration 5.10 mosquito
- illustration 5.11 hugging
- illustration 5.12 toilets

VOCABULARY

accident

menstrual period

INSTRUCTIONAL CONTENT

review Review these points with the learners.

- People get the AIDS virus by touching blood, semen or vaginal fluids of someone who has the virus.
- People who touch blood, semen or vaginal fluids from someone who has the AIDS virus could get the AIDS virus.
- You cannot tell if people have the AIDS virus just by looking at them.
- To be safe, do not touch blood, semen or vaginal fluids of someone else. Ever.

introduction This lesson is about how people can get the AIDS virus. It is important to know how people get the AIDS virus so you can protect yourself.

(illustrations 5.1 David and Clyde in cafeteria, 5.2 hand bleeding from cut, 5.3 nude woman, 5.4 nude man)

story In this story, David learns how people can get the AIDS virus.

After lunch, Bev and Jennifer leave the cafeteria to go for a walk. David and Clyde stay at the table for a last cup of coffee before going back to work. David thinks about asking Clyde how people can get the AIDS virus. David likes Clyde because he always treats him nice. If David asks Clyde something, Clyde answers instead of ignoring him like some people do. David wraps his hands around the warm cup while still thinking about the AIDS virus. At last David decides to ask clyde about the AIDS virus. He looks at Clyde and says,

"I don't understand how the AIDS virus could get in someone's body. How does this happen? How does the Aids virus get into people?"

Clyde sips some coffee and says, "Well, as far as I know, the virus has to have a wet place to live, like in blood. The virus needs wetness. So, for the virus to get from one person to another, it has to travel in wetness."

"But, how does it get into someone's body?" asks David.

"The main ways the virus gets into people's bodies is through sexual intercourse or sharing needles used with drugs," answers Clyde.

"Wow, you mean people can get the AIDS virus from having sex?" asks David.

"Well, yes, "answers Clyde. "But only from sex with someone who already has the AIDS virus."

"Tell me," says David, "exactly what sex has to do with getting the AIDS virus. I just don't understand."

"It's like this, "answers Clyde, "when people have sexual intercourse, they get real juicy. You know, they make this wet stuff. Men make semen that squirts out of their penis when they cum."

"David, remembering his sex ed class, says, "Oh, yes, men also ooze a little bit of semen before they cum. Right?"

"You got it, "smiles Clyde. "Well, women get juicy too. They make a wetness that comes from their vagina. The AIDS virus can live in this wetness from sex."

"I get it, "says David. "The AIDS virus can live in the wetness from sex. If you have sex with someone who already has the virus, you could get the virus, too, right?"

"Right, "says Clyde. "You can get the AIDS virus from having sex with someone who already has the virus. You also can get the virus from blood that already has the virus in it."

David remembers that people can get the AIDS virus by sharing needles to shoot drugs. He says, "Yeah, you could get the blood from an infected person if you use their needle to shoot up, hum?"

"Clyde says, "Yes. Or share needles for anything else, like needles for tattoos or piercing ears or for anything."

"So, "says David, "to be safe, I have to be careful not to get juices from sex and not shoot drugs."

Clyde takes a last drink of coffee and sets his cup down on the table. He says, "David, you know the most important things about AIDS. That people get the virus from people who already have it, and that people get the virus from sex and sharing needles. Then looking at his watch, Clyde says, "Come on, we've got to get back to work."

statement People can get the AIDS virus only from someone who already has the virus in their body. The virus can live only in certain fluids from the people's bodies. These fluids are:

blood	this includes the blood from a woman's period
vaginal fluids	this is the wetness that women make when they are feeling sexy or having sex
semen	this is the wetness from sex that men make when they are feeling sexy or having sex

If these fluids from someone who has the AIDS virus get into your body, you can get the virus from them. There are many ways you could get these fluids in your body. Think about the many ways you could get someone else's blood in your body. Some of these ways are sharing needles to:

pierce ears

make tattoos

do acupuncture

put drugs in your body. (This means drugs from the drug store and drugs from friends)

If a person who has the AIDS virus sticks a needle in their skin, the AIDS virus could get on the needle. Then if you stick the same needle in your skin you could get the AIDS virus.

The same goes for razor blades and anything else that can make even the smallest hole in your skin. If a person who has the AIDS virus uses a razor blade and makes even the smallest scrape on their skin, the AIDS virus could get on the razor blade. If you use the same razor blade you could get the AIDS virus. So you could get the AIDS virus by using someone's razor:

for shaving your face or legs

for cutting tattoos

The AIDS virus can live in blood so we must not touch blood from anyone else. We must not touch someone else's blood from:

a cut or sore

from their period

a bloody nose

Blood that carries the AIDS virus can get through the tiniest opening in your skin. Look at your hands now. Do you have any little cut or hangnail or scrape? A little scratch? Blood could get in your body through any of these little openings. You must remember not to touch anyone else's blood - ever!

You can't always tell if there is a tiny opening in your skin. So you must not touch anyone else's blood, ever!

Because blood can carry the AIDS virus, you should not touch blood from anyone else. This means blood from a cut and blood from a woman's period.

People also can get the AIDS virus from the wetness people make when they have sexual intercourse. This wetness is called semen and vaginal secretions.

(illustrations 5.5 - 5.12 ways you can't get AIDS)

There are many ways people cannot get the AIDS virus. You cannot get the AIDS virus from:

shaking hands

sharing phones, spoons, forks or towels

sharing hot tubs, bath tubs or swimming pools

wiping noses

changing diapers

mosquitoes, flies or any other insects

hugging, kissing on the lips

sharing toilets

It is safe to touch your own blood, semen or vaginal fluids.

QUESTIONS TO ASSESS LEARNING

1. How do people get the AIDS virus?	by getting blood, vaginal fluids or semen in their body from someone who has HIV infection
2. Name some ways people cannot get the AIDS virus.	sharing telephones, spoons, forks, towels, toilet seats, hot tubs, swimming pools, bath tubs; or any other correct answer

NOTES

LESSON 6 **HOW CAN I PROTECT MYSELF IF SOMEONE NEAR ME IS BLEEDING?**

learner objective to demonstrate how to deal with a body fluid spill by using universal precautions or by getting someone to clean up the spill

BACKGROUND INFORMATION FOR INSTRUCTORS Because blood and certain body fluids from anyone could carry HIV as well as the agents that cause other blood borne diseases such as hepatitis B, infectious mononucleosis, meningitis and encephalitis; it is essential that everyone knows to avoid touching wet blood or body fluids from other people. ***Universal precautions*** developed for dealing with blood and other body fluids should be taught to everyone who is capable of using them. People who cannot learn to use universal precautions safely must be taught how to get help from someone else for dealing with body fluids.

DIRECTIONS FOR INSTRUCTION

This lesson is designed to prepare learners to respond safely to spills involving blood or other body fluids. In order to do this, people need to know safe practices that they can use in the different environments where they live, work and play. Work for many people involves situations that can expose them to body fluids from others. Jobs such as transporting patients in hospitals, or cleaning motel rooms, offices and restrooms carry this possibility as do jobs preparing food in restaurants and produce sections of grocery stores where minor cuts are common. The National Fourm on HIV/AIDS Prevention Education for Children and Youth with Special Education Needs reports the need for all employees, including those with handicaps, who work in places where there is high risk for coming in contact with HIV, be taught to use universal precautions (Association for the Advancement of Health Education, 1988). People who cannot learn to use universal precautions need to know a safe alternative such as getting someone else (perhaps a co-worker or staff person) to clean up the blood.

Universal Precautions involve the use of a barrier such as rubber or latex gloves between oneself and the blood. A barrier also can be formed by using large amounts of absorbent material and folding the soiled area inside the material. Universal precautions are outlined at the end of this lesson.

Which alternative is best for a person depends on such things as his or her ability to remember to carry out a prescribed routine, the amount of blood involved and the source of the blood. People need to know that it is possible to help a roommate or family member put a bandage on a bleeding injury without using gloves and still not touch blood. They also need to know that using gloves can help ensure that they will not touch blood when large amounts are involved. People who cannot clean up blood safely should not be encouraged to do so. Helping people decide how to be responsible in this matter is a serious undertaking that should be made with the person's ability and safety in mind.

The main message of this lesson is, "Don't touch blood from other people". The rest of the lesson offers alternatives to touching blood and exercises to help learners plan ahead about how they would handle a blood spill.

TEACH CAUTION, NOT PANIC Learning to deal with blood spills safely should empower people to protect themselves, not cause them to panic. Instructors can communicate a healthy respect for the potential danger in blood without frightening people unduly.

Before beginning this lesson it is advisable to assemble the clean-up kits, arrange to have them placed where they ordinarily will be kept and decide how used kits will be refilled. Some organizations have implemented the practice of having used kits handed in to the office where someone (perhaps a client) has responsibility for refilling them and replacing them in their designated storage space. Your local health department may be able to supply your agency with clean-up kits and training for staff in the use of the kits.

Because they are used infrequently, emergency skills are difficult to maintain and even people who have no learning problems need to review them periodically. For example, the American Red Cross encourages people who have been trained to do cardiopulmonary recussitation (CPR) to take annual refresher courses (Spooner, Stem and Test, 1989). People who are taught to clean up blood safely also should have the opportunity to review their skills periodically.

MATERIALS

- *A Guide for Using Universal Precautions when Cleaning up Body Fluids*, at the end of this chapter. This guide is to help instructors recall all the points of using universal precautions.
- a clean-up kit containing latex or vinyl gloves, material for cleaning (paper towels, cotton balls, gauze or cloth), solution such as lysol for cleaning skin and surfaces, and a plastic bag for disposing of soiled material).
- illustrated brochure, *Beverly Cleans Up Blood Safely*, one copy for each learner to keep
- video segment, *Beverly Cleans Up Blood Safely*

VOCABULARY

blood spill

universal precautions

INSTRUCTIONAL CONTENT

review Review these points with learners.

- You cannot tell if people have the AIDS virus by just looking at them.
- Do not touch blood, semen or vaginal fluids from anyone else.
- If you touch blood, semen or vaginal fluid from someone who has the AIDS virus, you could get the AIDS virus.
- It is safe to touch your own blood, semen or vaginal fluid.

introduction During this lesson you will learn how to clean-up blood from someone who is bleeding and still protect yourself.

videosegment *Beverly Cleans Up Blood Safely* In this video segment, Beverly, who works in the cafeteria at a medical center shows how to clean-up blood safely. She uses a standard clean-up kit to demonstrate the use of universal precautions. 5 minutes.

discussion questions following videosegment

- Why is Beverly careful not to touch blood?
- What does Beverly do to keep blood off of her?
- How can you make sure you don't touch blood?

activity #1 Getting Help for Someone who is Bleeding (*Demonstrate to learners through role playing how to avoid touching wet blood from someone who is bleeding and how to get help. Then have learners role play the same activity. Emphasize the following learner behaviors:*)

- Do not touch wet blood from anyone else.

- Help the person who is bleeding by telling him or her you are going to get help.

- Get help in a calm way without scaring the person who is bleeding, without scaring the staff person and without scaring yourself. Use a calm voice and say simply, " _____ is bleeding and needs your help."

activity #2 Getting Clean-Up Kits (*Show learners where clean-up kits are kept in places such as residential facilities, work places and schools, where they have some responsibility for keeping things clean. Then hold "clean-up drills" where you tell learners to go get clean-up kits. The more realistic the drill, the more likely learners will learn something they can use later. For this reason it is a good idea to capitalize on any accident in which a person bleeds. This way, the clean-up kit can be used after the learner gets it. During the drills, emphasize the following behaviors for the learner:*)

Do not touch anyone else's wet blood.

Take the clean-up kit directly to the person asking for it.

Remain calm while getting the kit.

Ask for help to find the kit if necessary.

activity #3 Helping to Clean up Blood (*Demonstrate to learners how to help clean-up a spill. Using simulated accidents with blood made of catsup and water, or taking advantage of real accidents, coach learners on how to help clean-up the blood. It will be important when choosing learners to participate in this activity to choose people who can do it without risking the health of anyone involved. When*

doing this activity, emphasize the following behaviors for the learner:)

Put on gloves.

Do not touch anyone else's wet blood.

Use the cleaning solution to clean surfaces of objects.

Clean surfaces of objects thoroughly.

Place soiled material in plastic bag for disposal.

Remove gloves "like doctors do" and place in plastic bag.

Tie off the plastic bag and dispose of it properly.

Wash hands for 15 seconds (as long as it takes to count to 15 slowly) with soap and water, or rinse hands in 3% hydrogen peroxide.

activity #4 Cleaning Up Blood Independently *(This activity is identical to activity #3 except, in this one the learner is expected to do the entire job of cleaning up independently. Emphasize the same learner behaviors as in activity #3. Demonstrate to learners how to clean-up a spill independently using the task analysis shown below.)*

1. Wear gloves.
2. Wipe up blood.
3. Put soiled cloth in bag.
4. Spray.
5. Wipe up.
6. Put in bag.
7. Put gloves in bag.
8. Close bag.
9. Put bag in wastebasket
10. Put things in kit
11. Take kit to office.
12. Wash hands.

QUESTIONS AND ACTIVITIES TO ASSESS LEARNING

1. If someone near you is bleeding, what can you do to protect yourself?	don't touch blood, wear gloves

2. What is a clean-up kit?	(Accept any response that shows the learner knows what a clean-up kit is.)
3. Where are the clean-up kits in your building?	(Accept any response that shows that learner knows where clean-up kits are.)
4. Why do people use clean up kits?	(Accept any response that shows that learner knows why people use clean-up kits.)
5. Learner demonstrates the ability to	a. obtain a clean-up kit in locations where he or she works or lives b. properly use a clean-up kit to clean-up blood or other body fluids c. return a used clean-up kit to a designated place where it will be refilled.

NOTES

A GUIDE FOR USING UNIVERSAL PRECAUTIONS WHEN CLEANING UP BODY FLUIDS

The use of universal precautions can protect people from contracting the AIDS virus as well as a variety of other infections. All clients who are capable of learning to use these precautions and all employees should be trained to use them.

Universal precautions are based on three principles:

Cover - cover your hands with latex or vinyl gloves so you do not touch the body fluids directly.

Clean - clean-up the body fluid with absorbent material.

Contain - contain the soiled material in a plastic bag and discard it.

CONTENTS FOR Clean-up KITS

1 pair of gloves either latex or vinyl
absorbent material for wiping up the body fluid
(disposable diapers placed plastic side up can be used)
1 container of lysol (either liquid or aerosol)
plastic bag for soiled materials

Clean-up PROCEDURE

1. Put on gloves.
2. Place absorbent materials on the body fluid and wipe up the fluid.
3. Place soiled material in plastic bag.
4. Pour or spray lysol on the object to be cleaned and wipe it up.
5. Place the soiled cloth in plastic bag.
6. Remove plastic gloves as described below. Pull off one glove by two fingers and crumple the removed glove in your gloved hand. Insert two ungloved fingers under the cuff of the remaining glove and pull the cuff and glove over the crumpled glove. The second glove will be inside out with the first glove inside.
7. Place the removed gloves in the plastic bag.
8. Tie off the plastic bag and put it in the garbage.
9. Wash hands with soap and warm running water.
10. Take clean-up kit to office so it can be replaced with a complete one.

Some of the products that have an EPA number (indicating they are effective against the AIDS virus) are: Real Pine Liquid Cleaner, Pine Sol, Spic & Span, Tackle Liquid, Comet, Tough Act bathroom cleaner, Dow Bathroom Cleaner, all Lysol products, Purex, Clorox.

LESSON 7 **WHY CAN SEXUAL ACTIVITIES BE DANGEROUS?**

learner objective to identify that the body fluids exchanged during unprotected sexual intercourse can carry the AIDS virus

BACKGROUND INFORMATION OR INSTRUCTORS ***Unprotected sexual intercourse*** with someone who has HIV infection can result in infection through exposure to blood, semen or vaginal secretions. ***Anal, oral***, and ***vaginal intercourse*** allow this. Mutual masturbation is potentially dangerous if an open cut, would, or open sore are exposed to blood, semen, or vaginal fluids.

DIRECTIONS FOR INSTRUCTION The intent of this lesson is not to frighten people out of engaging in sexual activities, but to impress upon them that unprotected sexual activities can carry a great personal risk for HIV infection. Lesson 8 deals with alternatives to unprotected sex. Instructors can decide if they want to offer lessons 7 and 8 in the same session or if they think learners should have some time between the lessons to think about the issues.

MATERIALS

- illustration 5.3 nude woman
- illustration 5.4 nude man

VOCABULARY

anal	oral
cum	semen
ejaculate	sex toys
intercourse	to have sex
masturbation	vaginal
	vaginal fluid

INSTRUCTIONAL CONTENT

review Review these points.

- Blood can carry the AIDS virus so do not touch someone else's blood, ever.
- If someone near you is bleeding do not touch their blood.
- If you help someone who is bleeding, do not touch their blood. Wear gloves.
- Do not touch anyone's blood. This means any blood, blood from a scratch, or a woman's period.

introduction You can't tell by looking at people if they have the AIDS virus in their blood. It is dangerous to have sexual intercourse with someone who has the

virus in their blood. This lesson is about how people can get the AIDS virus if they have sexual intercourse with someone who has the AIDS virus.

(illustrations 5.3 nude woman, 5.4 nude man)

statement The AIDS virus can live in blood and the wetness that people make when they have sex. The wetness men make is called semen and the wetness women make is called vaginal fluid. The wetness from any sexual activity can be dangerous because it could have the AIDS virus in it. These are some of the sexual activities that can be dangerous because they cause wetness.

mutual masturbation (mutual pleasuring)	This happens when people touch or rub each other's penis or vagina to make each other feel good.
vaginal intercourse	This happens when a woman receives a man's penis inside her vagina.
anal intercourse	This happens when a man puts his penis inside someone's rectum.
oral sex	This happens when someone puts their lips or tongue on a woman's vagina, a man's penis or a person's rectum.

The reason these sexual activities can be dangerous is because they can cause wetness from sex. This wetness happens in a dramatic way when a man ejaculates, or cums, and semen squirts out of his penis. The wetness can happen in a quiet, unnoticed way too, in both men and women when they feel good from sex.

Sex acts that make wetness can be dangerous because they can allow semen, vaginal fluids or blood to get in someone's body openings (through the mouth, vagina, anus, or cuts and scrapes in the skin).

These sex activities can be dangerous:

- getting semen or vaginal fluid in the mouth, vagina or anal area or through cuts or scrapes in the skin
- getting blood in the mouth, vagina or anal area or through cuts or scrapes in the skin

- sharing sex toys (because they could have blood, semen or vaginal fluids on them)
- touching your tongue on someone's anus or rectum, vagina or penis

QUESTIONS TO ASSESS LEARNING

1. Why can sexual activities be dangerous?	They involve fluids (semen and vaginal fluids) that can be infected with the AIDS virus

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NOTES

LESSON 8 **HOW CAN I PROTECT MYSELF FROM GETTING THE AIDS VIRUS THROUGH SEXUAL ACTIVITY?**

learner objective to list alternatives to having unprotected sex.

BACKGROUND INFORMATION FOR INSTRUCTORS The Centers for Disease Control *(CDC)* recommends three alternatives that people can employ to protect themselves from contracting HIV infection through risky sexual activities. These are the practice of ***abstinence, safer sex*** and ***monogamy***.

abstinence Abstinence means refraining absolutely from all sexual activity with another person. Many people believe that sexual activity belongs only within marriage or a long-term committed relationship and find abstinence compatible with their moral or religious beliefs.

safer sex Safer sex is sex in which blood, semen and vaginal fluids from the two partners are prevented from entering each other's body. Latex condoms are used during sexual intercourse in order to assure this, but because condoms can fail there is no way to make sex completely safe, only safer.

monogamy Monogamy in a relationship means that the two partners have sexual relationships only with one another. In order for monogamy to be "safe" both partners must be free of HIV infection. The only way they can know they are free of infection is through negative test results and knowing that neither partner has done any of the following things for six months before being tested or at all since being tested.

shared needles or any other implement to get drugs (either prescription or nonprescription) directly into their veins
had sexual intercourse with anyone else
had a blood transfusion (between 1978 and 1985)

DIRECTIONS FOR INSTRUCTION Although it is important to counsel people about the risks associated with sex outside a monogamous relationship, it is equally important to recognize that few people maintain an exclusive sexual relationship throughout their entire life (Kelly, 1988). Most people become sexually active as adolescents or young adults before marriage and are unlikely to become abstinent permanently. Infidelity is common and even long standing relationships can end. Many learners have difficulty understanding the concept of monogamy and believe they are practicing monogamy if they have sexual relations only with their current partner (even if they change partners several times a year). Because of this and the problems involved in determining if a partner is uninfected, we recommend that learners be encouraged to choose between practicing abstinence and safer sex.

An important concept about the relationship between a person's personal beliefs and sexual behavior is described in the Morin Model (Puckett and Bye, 1987; and Miller, Booraem, Flowers and Iversen, 1990).

This model suggests that before people change their sexual behavior in relation to HIV/AIDS, they must hold five beliefs. These beliefs can be influenced by educational and motivational programs and they tend to occur sequentially. These beliefs are described below.

PERSONAL THREAT	AIDS is not something that happens only to other people. It presents a personal threat to me.
PREVENTION	AIDS is preventable. Certain actions will reduce or eliminate my risk.
PERSONAL EFFICACY	I am capable of managing new low-risk behaviors.
POSSIBILITY OF SATISFACTION	I can carry out these new behaviors and still be satisfied sexually.
PEER SUPPORT	My peers will support these new behaviors.

Knowing which beliefs a person already holds will help determine which educational messages to emphasize for him or her.

VOCABULARY

condoms (rubbers)	no sex
risky	sex toys
sexy movies	

MATERIALS

- condoms

INSTRUCTIONAL CONTENT

review Review these points:

- AIDS is a serious disease because there is no cure for it and many people die.
- You cannot tell if people have the AIDS virus just by looking at them.
- People who have the AIDS virus have it in their blood and semen or vaginal fluids.
- To be safe, you must not touch other people's blood, semen or vaginal fluids.
- When people have sexual intercourse, there is semen or vaginal fluids.

introduction You can protect yourself from getting the AIDS virus through sexual activities.

statement People can pass the AIDS virus by doing sex acts that make wetness. To protect yourself from AIDS, there are two things you can do:

- Do not do sex acts that make wetness with someone else.
- If you do sex acts that make wetness and can pass the AIDS virus, be sure to use condoms to protect yourself.

We will talk about these two ways to protect yourself from the AIDS virus.

No sex No sex is one way to protect yourself. Some people believe that having no sex is a good idea because it is a way to protect yourself from getting the AIDS virus. It is a good way to keep from getting pregnant. Some people believe that people should be married before they have sexual intercourse.

People can decide not to have sex. Even if you do not have intercourse, there are many wonderful ways to have good feelings with someone else. Some of these ways are:

kissing on the lips (social kissing)

hugging

touching and caressing

massaging or body to body rubbing

masturbating, or self pleasuring (a kinder, gentler term) as long as you don't get your partner's wetness on you

mutual pleasuring (as long as there are no cuts or openings in the skin)

talking about sexy things

watching sexy (erotic) movies

using sex toys (as long as they are not shared)

Use condoms If you do sex acts that make wetness, the wetness can pass the AIDS virus. You must use condoms to protect yourself. Men put a condom on their penis before they have sex that makes wetness.

discussion (*This discussion is designed to help learners understand that they do not have to have unprotected sex. They can choose not to have sex, or to practice safer sex.*) Below are some questions to help get the discussion going.

- There are some risks to having sexual intercourse. What are some of them?
- Some people decide they will not have sexual intercourse until they are married. Why do people make this kind of decision?
- Why do some people use condoms when they have sexual intercourse?
- How do you know if someone is safe and does not have the AIDS virus?

QUESTIONS TO ASSESS LEARNING

1. No one has to have unprotected (risky) sex. You have many choices about having sex. What are some of your choices?

   have no sex, and
   have only safer sex (use condoms)

2. Instead of having sexual intercourse, what are some other ways you can have pleasure with your partner?

   kissing on the lips
   hugging
   touching and caressing
   massaging or body-to-body rubbing
   masturbating (or self pleasuring)
   mutual pleasuring
   talking about sexy things
   watching sexy movies

NOTES

LESSON 9 **HOW CAN I SAY "NO" TO UNWANTED OR UNPROTECTED SEX?**

learner objective to demonstrate how to say "no" to having unprotected or unwanted sexual activity

BACKGROUND INFORMATION FOR INSTRUCTORS It is important for everyone to know that they have the right to decline to have sexual relations with anyone at any time. It is all right for people to tell even a long term partner that they do not want to engage in sexual activities at a particular time. In order to be able to do this, people need to understand that it is their right and they also need to have readily available the means to express this preference.

DIRECTIONS FOR INSTRUCTION This lesson uses role playing so learners can try out a number of ways to say "no" (and to experience being told "no"). Some learners may first need to see the assertive role demonstrated by the instructor or another learner. This way they will not have to invent the role, but merely copy it.

MATERIALS

- video segment: *Saying "No" to Unwanted or Unprotected Sex*

INSTRUCTIONAL CONTENT

review Review these points with learners.

- You cannot tell if people have the AIDS virus just by looking at them.
- People who have the AIDS virus have it in their blood and semen or vaginal fluids.
- No one has to have unprotected (risky) sex. You can choose to have no sex or to have only safer sex (with a condom).
- Instead of having sexual intercourse, people can do many other things to have pleasure with their partner.

introduction This talk is about protecting yourself by learning how to say "No" to having sex when you don't want to, or when your partner wants to have sex without using a condom. Saying "No" to having sex may be hard to do, so we'll start by talking about saying no to other things.

activity #1 Saying "No" (*Set up situations for learners to describe or role play how they would tell their friend "no". The point of this activity is for learners to practice and see a variety of ways to say no.*)

This is about saying "no". We usually don't like to say "no" to our friends. There are many reasons for this. Think about your friend asking you to go to the movies together. You really like your friend. And your friend just loves movies. One of her favorite movies is just in town. The movie will be here this weekend only. You already have promised your brother that you will help him move to his new house. It will take all weekend. You friend asks you to go to the movies with her. How would you tell your friend "no"?

activity #2 (*Demonstrate, or have learners demonstrate a variety of ways to say "no". In the situation described above discuss which ways learners think would work the best for them and why. First, discuss some of the problems in saying no. Some of these are:*)

You don't want to hurt your friend's feelings.

You are afraid your friend will get mad and won't be your friend any more.

You really do want to go to the movie instead of help your brother. You don't want to say no, but you must.

There are some rules for saying no. These rules tell you that you have the right to say "no" to things that involve you. This means:

You have the right to say no about your body.

You have the right to say no about your possessions.

You have the right to say no about your time.

activity #3 (*Demonstrate, or have learners demonstrate how to say "no" to increasingly more difficult requests. Discuss which ways learners think would work the best for them and why.*)

Someone at work asks to borrow your favorite sweater and you do not want anyone else to wear it.

Someone asks if it is alright if they bite your nose. (For people who have a hard time saying no, give an absurd situation.)

A person you have known for some time and who is really cute and nice has asked you to go out. You think the person will want you to have sex with him/her. You like this person but you have decided that you won't have sex until you are married.

videosegment *Saying "No" to Unwanted or Unprotected Sexual Activity*. Assertiveness and persistence are needed to refuse sexual activities that are unwanted or unsafe. This presentation depicts people in a variety of situations using different strategies to decline unwanted sexual activities. 10 minutes.

This story shows different ways to say "No" to unwanted sex. Watch to see which ones you would use.

discussion questions following videosegment

- Did you see anything that has happened to you? Can you tell us about it?
- Did you get any new ideas about saying "No"?
- Did you see anything that upset you or that you disagree with?

activity #4 Why people say "No" to sex (*The purpose of this activity is to help learners recognize that there are many good reasons for not wanting to have sex besides the threat of AIDS and that saying "no" is an alternative to having unwanted sex. Depending on the learner's experience and ability, instructors may want to begin this activity by asking what reasons learners can think of for declining sex, or they may want to start by listing the reasons and asking learners that way they think about them, if they have experienced any of these situations and what they did about it.*)

There are many reasons besides AIDS for saying "No" to having sex. Some of them are:

- I don't want to have sex until I'm married. I believe people should be married before they have sex.
- I don't know you well enough to have sex with you. I don't have sex with people I don't know.
- I have a boyfriend/girlfriend. We have sex only with each other.
- I don't want to have sex. I don't feel safe (here/now/with you).
- I don't want to have sex. I don't want to get pregnant/get you pregnant.
- I don't want to have sex. I could get a disease - syphilis or even AIDS.
- I don't want to have sex. I like you as a friend. I want to stay friends, but no sex. Sex can make problems with friends.

QUESTIONS AND ACTIVITIES TO ASSESS LEARNING

Use your observations of the learner's performance during activities 3 and 4 to determine if the learner is able to refuse unsafe or unwanted sexual activity.

NOTES

LESSON 10 **WHAT IS A CONDOM?**

learner objective to identify a condom and its common use

BACKGROUND INFORMATION FOR INSTRUCTORS The many names used for ***condoms*** (rubber, safe, safety, stripper, prophylactic) are all appropriate and can be used during the lesson if they have meaning to learners.

DIRECTIONS FOR INSTRUCTION This lesson should be conducted in an easy manner so learners can become comfortable enough to explore the different properties of condoms, and talk about sexuality in front of each other and be able to move on to lessons 11 and 12 with relatively little embarrassment. Pass around the condoms so learners can satisfy their curiosity by touching and examining them and by asking questions. If learners express their embarrassment by acting silly, acknowledge that often people are embarrassed when talking about sex and this is normal, but they will feel easier about it after they do it for a while.

MATERIALS

- packages of unopened condoms (use latex condoms treated with ***nonoxynol-9)***
- *illustration 10.1 a condom being put on a penis*

INSTRUCTIONAL CONTENT

review Review these points with learners.

- You can't tell by looking at people if they have the AIDS virus.
- You don't have to have sex with anyone unless you want to.
- Deciding not to have sex is one way to protect yourself from the AIDS virus.
- You can say "no" to having sex if you want to.

introduction (*illustration 10.1 condom being put on a penis*.) People who do decide to have sex together need to know how to be safe. This lesson is about rubbers, or condoms. Rubbers are covers that men wear on their penis when they have sex. Rubbers, or condoms, can protect people from the AIDS virus. The virus can't get through a condom.

activity #1 Learning About Condoms (*If learners are unfamiliar with condoms and do not discover on their own, show them how to examine the different properties of condoms.*)

- Condoms come in little plastic packages. (open package and remove condom) The condom is rolled up inside.
- Condoms should have no holes for wetness to get through (fill with colored water).
- Condoms can stretch so they will be big enough to cover the penis even when it is erect (inflate the condom and tie it off).
- Even with a condom on, you can still feel (put condom on finger and feel object).
- Condoms are called by other names, (ask learners what names they know, i.e., rubbers, safes, trojans, etc.).
- Using condoms can make sex safer

discussion (*Combine this discussion with the previous activity. The purpose of the discussion is to help learners understand that using condoms can protect them from getting the AIDS virus. The following questions may help the discussion along.*)

- What do you think about using condoms?
- Why do people use condoms?
- What might keep you from using condoms (discomfort, unavailability, lack of planning, embarrassment)?
- How can condoms help protect you from AIDS?

QUESTIONS TO ASSESS LEARNING

1. What is a condom?	Accept any response that indicates learner can identify a condom.
2. Why do people use condoms?	Accept any response that indicates learner understands that condoms can help prevent the transmission of HIV/AIDS.

3. How can using condoms help protect people from getting the AIDS virus?	Accept any response that indicates the learner recognizes that condoms prevent people from exchanging body fluids during sexual activity.

NOTES

LESSON 11 **HOW CAN USING CONDOMS MAKE SEX SAFER?**

learner objective to identify how the use of condoms can make sex safer

BACKGROUND INFORMATION FOR INSTRUCTORS HIV can be transmitted sexually. The World Health Organization recommends that everyone use a condom and a ***spermicide*** containing **nonoxynol-9** every time they engage in sexual intercourse. The only exceptions to this are cases in which both partners are known to be free of HIV infection because they both meet the following criteria:

- had no blood transfusion between 1978 and 1985,
- have never shared needles or any other implement to get drugs (either prescription or nonprescription) directly into their veins, and never had sexual intercourse with anyone who has, and
- have never had sexual intercourse with anyone who was HIV positive at the time.

HIV infection can be present and progress for as long as fifteen years with no symptoms. Even negative test results are no guarantee that a person is free of the infection because HIV antibodies do not show up during testing until three to six months after infection has occurred. Even if people do meet the stringent criteria listed above, there is no way to know that they (and their partner) are infection free. Therefore, it is recommended that all clients be instructed to use condoms and spermicide every time they engage in sexual intercourse.

Condoms should be made of latex In the days of AIDS there is no such thing as safe sex. However, it is possible to make sex safer by using condoms to prevent the partners' body fluids from entering each other's body. Condoms should be made of latex. Those made of sheepskin are porous and should not be used because they do not offer adequate protection. Latex condoms can be identified by the label on the package and by their smoother, more even texture. For maximum protection latex condoms should be used along with a spermicide that contains nonoxynol-9. Nonoxynol-9, in addition to killing sperm also kills HIV. It is available in foam, jelly and cream form at local drug stores. Nonoxynol-9 by itself does not give reliable protection against HIV or pregnancy.

Plastic wrap and dental dams are not recommended Some people recommend the use of plastic wrap or dental dams as barriers during oral/vaginal and oral/rectal intercourse. Dental dams are sheets of latex measuring about four by six inches. They are not easily available since they can be purchased only through dental supply houses and these companies are reluctant to sell them for this purpose because there is no scientific evidence that they can be used effectively to prevent HIV transmission during oral sex. We do not recommend the use of dental dams or plastic wrap for this reason.

Condoms can fail Used properly, condoms do afford good, but not complete protection. It is estimated that the failure rate due to condoms is between three and five percent, but the failure rate including that due to human error is between three and 15 percent. This means that for every 100 times a person engages in sexual activity while using condoms there will be between three and 15 times that the condoms fail. This failure rate underscores the additional necessity of using a spermicide that contains nonoxynol-9.

Lubricants with Nonoxynol 9 are available Unlubricated condoms are preferred for oral intercourse. These condoms can be lubricated with lubricants that contain nonoxynol-9.

DIRECTIONS FOR INSTRUCTION

MATERIALS

- unopened packages of condoms (use latex condoms treated with nonoxynol-9)
- can of spermicidal foam
- tube of ***K-Y jelly***

INSTRUCTIONAL CONTENT

review During the last lesson you learned about rubbers, or condoms. You learned that:

- Condoms are covers men wear on their penis when they have sex.
- The AIDS virus can't get through a condom.
- Using condoms during sex can help protect you from the AIDS virus.
- Even with a condom on, men still can feel pleasure.

introduction If you do decide you are going to have sex with someone, you can make it safer for you and your partner. That is what this lesson is about: How to make sex safer by using condoms.

statements

- If you do sex acts that make wetness you must protect yourself and your partner. Use condoms to keep your partner's body fluids away from your body and to keep the wetness you make away from your partner's body.
- Condoms don't give you complete protection, but you will be much safer if you use them.
- To be safe, you must use a condom every time you do sex acts that might involve blood, semen, or vaginal fluids. This includes sex acts with the mouth or tongue. If you put your mouth or tongue on your partner's penis, vagina, or anus, you must use a condom to protect yourself from your partner's fluids. If you like to do anal sex, use two and maybe even three condoms in case one breaks. If you do any of these activities you should use a condom.

- sex with a penis in a vagina
- sex with a penis in an anus
- sex with a penis in a mouth

- Condoms, or rubbers are used to protect people when they have sex.

- Men wear condoms on their penis when they are having sex.

- Some men say they cannot feel as much when they wear a condom, but almost all men can still cum (ejaculate) when they wear a condom.

This talk is about choosing condoms, lubricating condoms and storing condoms.

activity #1 Choosing Condoms *(Show the packages condoms come in and point out important features such as the color, pictures, name and shape of the package, so learner will be able to find the same package in a store. It is important not to confuse learners with the whole array of condoms that are available. For some learners it may be best to help them choose a latex condom that is treated with nonoxynol-9 and learn to locate that particular brand in the store.)*

activity #2 Storing Condoms *(Have learners discuss where they will keep their condoms.)*

It is easy for condoms to get holes in them. Even heat and sunlight can make holes in condoms that are stored where the heat or sun can get to them. A good place to keep condoms when you think you might need them soon is in your coat pocket. Otherwise, keep your condoms away from your own body heat. Don't keep them in your pants pocket. A better place to keep them is in a drawer with your clothes.

activity #3 Lubricating Condoms *(Show a tube of jelly and a can of foam and demonstrate how to apply them.)*

Some condoms are wet and slippery when you buy them. They are slippery so it is easier to have sex. If you have condoms that are dry you can make them slippery with a special stuff called K-Y Jelly, or a foam that kills sperm. Here is a warning. Do not use anything but K-Y jelly or the special foam for killing sperm on your condoms. Other things, (hand creams or lotions containing oils) will make your condoms weak and they will get little holes that body fluids can pass through. Then the condom can't protect anyone.

QUESTIONS TO ASSESS LEARNING

1. How can using condoms make safer?	Accept any response that indicates sex learner understands condoms can be used to prevent the spread of HIV.
2. What kind of condoms are safest?	Accept any response that indicates learner can locate condoms that are made of latex.

NOTES

LESSON 12 **HOW DO PEOPLE USE CONDOMS?**

learner objective to demonstrate ability to put on and remove condoms

DIRECTIONS FOR INSTRUCTION This lesson has four activities. In the first three, males and females are taught separately to put on and remove condoms from an anatomic model. In the fourth activity, males practice in private putting on and removing condoms from their own body. The first three activities in this lesson should be carried out individually or in groups segregated by sex. In other words, men should be taught alone or with groups of other men, and women should be taught alone or with other women. The only exception to this are when two people who already are sexually active with each other are taught together.

There is good reason to teach women how to put on and remove condoms so they can help their partner whether he is able to use a condom unassisted or not.

The Learner's Perspective Teach people from the perspective of their own gender. Teach males as if they are putting the condom on themselves or another male, and females as if they are helping their partner. This means that a male should hold the model between his own legs in order to simulate putting the condom on himself.

Instructional Strategies To teach this lesson, demonstrate how to put the condom on the model while you describe what you are doing. Then have the learner put the condom on the model while you coach by describing what the learner is to do. Repeat this step as many times as is necessary until the learner can properly put on and take off a condom without any coaching.

The statements that accompany the activities may need to be changed to suit some learners and certainly must be changed for female learners.

MATERIALS

- commercial model of erect penis
- unopened packages of latex condoms
- video segment: *Teaching People How To Use Condoms* (for trainers)
- video segment: *Using Condoms*

Anatomic Models An anatomic model of an erect penis is used in activities one through three. Descriptions and ordering information of commercially available models are in Appendix B. Other, less expensive models are available in adult stores carrying sex toys. When possible, select models that have coloring similar to that of the learners and are as realistic as possible. If a commercial model is unavailable, a banana or cucumber can be used. However, it will be necessary to make certain that learners do not get the idea that they will be protected if they put a condom on a fruit or vegetable.

INSTRUCTIONAL CONTENT

review Review these points with the learners

- Condoms are covers men wear on their penis when they have sex.

- Using condoms during sex can help protect you from the AIDS virus.
- Using condoms can make sex safer.
- Condoms can make sex safer because they keep people's body fluids away from each other's bodies.

introduction

statement This lesson is about how to use condoms. We want you to know how to do this so you will be able to protect yourself and your partner when you have sex.

video segment *Using Condoms* This explicit portrayal shows the use of condoms within a realistic context so viewers will be more likely to generalize the practice of safer sex to their own lives. 4 minutes. Because the content of this video segment may be unsuitable for some audiences, it is packaged in a separate cassette so it cannot be viewed accidentally. As with all material in the SAFE Curriculum Package, this video segment should be used at the discretion of the instructor.

discussion questions following video segment

- Why did the man put on a condom?
- When do men need to put on a condom?
- How did the man make sure none of the semen got out of the condom?

activity #1 An Anatomic Model *(Introduce the model and invite learners to examine it and ask questions about it.)*

activity #2 Putting Condoms on an Anatomic Model

1. Get a condom and open the package. Use your hands. No scissors or teeth. Be careful. Handle the condom gently. If you make a hole in it, throw it away. **Instructors note:** For people who are unable to open the package, give ample opportunity to practice. People must be able to open the package without using anything sharp or they must learn to have their partner do it for them.

2. Check out the condom. Before putting the condom on the penis, you need to find out how the condom unrolls. If you can't tell, put the condom on the end of your finger (on the non-dominant hand). The

condom will look like a little hat. If you can't unroll the condom, it probably is on backward (inside out) and you will need to turn it around (outside in).

3. When you are certain that the condom is outside out, pinch the tip of the condom to save space for semen and put it on your erect penis.

4. Now gently unroll the cuff of the condom by placing your thumb on one side of the condom and your index finger on the other. Slide the condom all the way to the pubic hair.

5. Now you are ready to have safer sex.

activity #3 Removing Condoms from an Anatomic Model

1. After you cum and before your penis gets soft again, you must remove the condom and throw it away while keeping all the semen inside. It is a good idea to take your penis out of your partner before your penis gets soft so none of the cum can get on your partner.

   If you are having intercourse when your penis becomes soft, it is important that you take your penis out of your partner while you keep the condom on. To do this, reach down to your penis where it joins your body and gently squeeze the ridge of the condom while you take your penis out of your partner.

2. Now you will want to remove the condom, wrap it in a paper napkin or kleenex or toilet paper while keeping all of the semen inside of the condom (Some people keep a box of kleenex on their night stand just for this purpose).

   Continue to hold the condom while it is on the soft penis. Hold a kleenex in your other hand. Slip the condom off the penis while you hold the kleenex under the condom to catch any drips. Put the condom in the kleenex. Wad up the kleenex with the condom inside and throw away the condom.

3. After removing the condom and throwing it away, wash your hands and penis with soap and water. (Women or men who help their partner take off his condom should wash their hands too.) Throw the condom in a waste paper basket or your garbage can. Do not put condoms in the toilet. They can make the toilet overflow.

POINTS

- Use a new condom every time you have sex. Put used condoms in the garbage. Never use the same condom twice.
- If you cut or rip a condom before you use it, throw it away. It can't protect you.
- If you put on the condom upside down (i.e., you can't unroll it), throw it away and get another one.
- You can help your partner put on and take off a condom if he needs help or if he likes to have your help.
- If you have a cut on your hand be especially careful when removing the condom.
- Be careful with used condoms. They have fluids from the man's body on the inside and fluids from his partner's body on the outside.
- If you do accidentally get some of the fluid on your hands or body, wash it off with soap and warm water.

QUESTIONS AND ACTIVITIES TO ASSESS LEARNING

1. The learner will put a condom on a model of an erect penis (or substitute) and meet the following criteria.
   - without tearing or puncturing the condom
   - the condom will be right side out
   - a space will be reserved for semen

activity #4 Putting a Condom on Yourself *(This lesson is for males only. After male learners demonstrate that they can put a condom on an anatomic model and remove it correctly they need to practice putting condoms on themselves. This activity is one that the Government Health Service in Sweden recommends via a poster for young men. The activity helps men recognize that they can experience enough feeling when wearing a condom and at the same time gives them a reason for practicing putting them on.*

Tell learners to practice alone, without a partner whose presence could make them become overly excited or distracted. To do this, give the instructions shown below, making sure the learner understands them.

Uncircumcised men may need to pull the foreskin toward their body before putting on a condom. Otherwise, wearing condoms during sexual activities may be painful and set up a negative association between condoms and sex.

Be sure to follow up after this activity to see if the learner has any questions or needs any help.)

1. Get some unlubricated condoms. If the learner uses a lubricated condom, he may be unable to tell if he spills semen when removing the condom.

2. Go to your room when no one else is there. Make sure you have a private place.

3. Masturbate until your penis gets stiff and then stop.

4. Gently pull back the foreskin and put the condom on your stiff penis.

5. Masturbate as much as you like even until you cum if you want to. The condom will be easier to take off after you cum.

6. After you cum, take the condom off while keeping all the semen inside of it and throw the condom away.

7. Wipe your hands on a tissue to see if you got any semen on your hands. If you did, that is a sign to you to be more careful next time.

8. Wash your hands and your penis with soap and water and dry yourself.

9. We will talk about this tomorrow so if you have any questions we can talk about them.

QUESTIONS TO ASSESS LEARNING

Follow up by asking the learner questions that will help you understand if he could do all of the steps successfully and, if not, what assistance he needs in order to do them. You might have him demonstrate again on a model. Questions could include the following:

1. Did you get the condom on right side out the first time?

2. Did it feel o.k. to have the condom on?

3. Did you have any problems removing the condom?

4. What did you do to keep the semen inside the condom while you took it off?

5. What questions do you have about using condoms?

Learners who are unable to put on and remove condoms properly should be counseled about the merits of having their partner do this and should be informed again about the risk they present to themselves and their partner if they decide to have unprotected sex.

NOTES

LESSON 13 **HOW DO PEOPLE GET CONDOMS?**

learner objective to demonstrate how to obtain condoms

DIRECTION FOR INSTRUCTION Instructing people how to select and obtain condoms must be individualized to their particular situation and their unique abilities, the environment in which they operate and the ways for obtaining condoms that are available to them. Instruction should emphasize the characteristics in condoms that are recommended for preventing the transmission of HIV: condoms must be made of latex and used with nonoxynol-9. Some group homes, assisted living facilities and health departments are able to make condoms available at no cost to their clients. Many facilities keep a supply of condoms available where clients can help themselves. Those which cannot make them available can offer instruction on purchasing condoms from neighborhood stores.

Preparation for this lesson will take some effort. The instructor must first find out where condoms are available to learners and then determine what learners need to know in order to get the condoms. In the following lesson five activities are offered for obtaining condoms in different ways. It is highly recommended that the combination of activities that are selected are accompanied by role playing and guided practice in the environments where the learner eventually will obtain condoms. The more realistic the practice is, the more likely learning will be successful.

MATERIALS

- *Illustration 13.1 places to store condoms*

INSTRUCTIONAL CONTENT

review Review these points with the learners.

- The AIDS virus can be passed in blood and in the wetness from sex.
- You can protect yourself from the AIDS virus by using condoms when you have sex.
- A man should always wear a condom when he has sex.
- A woman should insist that the man she has sex with wears a condom during sex.
- Men should wear a condom every time they have sex.

introduction Now it is time to learn how to get condoms so you will have them when you need them.

statement Sometimes when people are with someone they like to have sex with, they want to have sex without bothering to use a condom. They might think it

takes too much trouble or too much time. But it is important to use a condom every time you have sex with another person. Every single time.

To make sure you use a condom every time you have sex with someone else, you need to plan ahead. You need to plan how to get condoms so you will have them when you need them. You have to plan how to take care of the condoms so they won't get holes in them.

Both men and women can learn how to get condoms and keep the condoms from getting holes in them.

activity #1 Getting Condoms at the Facility (*Condoms distributed through facilities at no cost to clients should be made of latex, and treated with nonoxynol-9. The condoms can be kept in an open place where people can get them when they need them. In this activity, learners practice using the following information through role playing and guided practice.*)

- *where to go to get the condoms*
- *when (times of day) the condoms can be obtained*
- *who (staff person, if any, who is involved)*
- *how to request condoms, if a request is necessary*

activity #2 Purchasing Condoms From a Store or in a Restroom (*Learners who are able to shop for condoms, can learn to shop for a particular type of condom by label. In this case they can be given the outside wrapper or box from a suitable type of condom and told to go to the store and get another package just like it. A photo copy of the package could be used. In this activity, learners practice using the following information.*)

- *how much money is needed (learners can be instructed to carry an even dollar amount that will cover the purchase of condoms in a store. For example, if condoms cost $2.95 plus 9 cents tax, learners can be instructed to carry $4.00 (2.95 + .09 = $3.04 rounded up to the next dollar is $4.00)*
- *the location of the store and how to get there (if this must be taught, a trip to the store is recommended)*
- *where to go in the store (again, a trip to the store is recommended)*

- *what to look for (learners who do not read can be taught to identify the recommended type of condoms by label. Recommended types are made of latex treated with nonoxynol 9 and lubricated)*

activity #3 Asking for Help *(An alternative way is for learners to be taught how to ask for condoms in a drug store. In this case it will be important for them to specify that they want condoms made of latex and with nonoxynol-9.)*

activity #4 Written Request *(Learners also can carry a written request that specifies the type of condom they want. They can learn to give the request to the clerk at the drug store.)*

activity #5 Shopping with a Buddy *(As a last resort, or as a step toward shopping independently, learners can be taught to shop for condoms with a buddy who is able to help them find condoms that meet criteria.)*

activity #6 Where To Store Condoms *(illustration 13.1 places to store condoms)(In this activity, learners practice storing condoms so they will be both available and undamaged. To do this, learners must apply the following concepts.)*

- away from light and heat
- where they will be available when needed
- store your condoms so you can get them when you need them. Plan ahead.

QUESTIONS AND ACTIVITIES TO ASSESS LEARNING

1. Activity in which learner demonstrates how to obtain condoms.
2. Activity in which learner demonstrates how to store condoms.

NOTES

LESSON 14 **HOW CAN I CONVINCE MY PARTNER TO PRACTICE SAFER SEX?**

learner objective to demonstrate how to convince one's partner to practice safer sex

BACKGROUND INFORMATION FOR INSTRUCTORS Because so many people have HIV infection without knowing it or showing any signs of it, people should assume that any prospective sex partner could be infected and act accordingly. This means either to abstain from sexual intercourse or to practice safer sex, including the use of condoms.

DIRECTIONS FOR INSTRUCTION Many barriers prevent people from convincing their partners to practice safer sex. These include embarrassment when talking about sex, belief that safer sex practices will be unacceptable to a partner and the partner will reject the person suggesting they be used and belief by some people that women should not assert themselves particularly in matters concerning sexuality.

MATERIALS

- video segment: *Insisting on Safer Sex Practices*

INSTRUCTIONAL CONTENT

review Review these points with the learners.

- The AIDS virus can be passed in blood and in the wetness from sex.
- You can protect yourself from getting the AIDS virus from sex in two ways. These are:

  No sex. Say no to sex with anyone you think is unsafe.

  If you do have sex with someone, be sure to use a condom.
- You have the right to say no to sex that you don't want or think is dangerous.
- If you do any of these activities you should use a condom:

  sex with a penis in a vagina

  sex with a penis in an anus

  sex with a penis in a mouth

introduction This lesson is about the many ways you can help your partner understand that you always use a condom when you have sex.

activity #1 WHAT STOPS PEOPLE FROM TALKING? *(This activity is designed to help people discover why they don't want to talk with their partner about using safer sex practices. You can begin the discussion by describing some of the reasons: embarrassment, fear of rejection or ridicule, and ask learners what they think about these reasons. Do these reasons stop them from taking with their partner? Are there other reasons?)*

activity #2 WHAT IF WE DON'T TALK? *(In this activity, learners discuss the consequences of not using safer sex practices because they didn't talk about them with their partner. These consequences can be getting AIDS or other sexually transmitted diseases and getting pregnant. Some people say, that if you are having sex and you are not trying to prevent AIDS - using safer sex practices - then you are trying to get AIDS.)*

video segment *Insisting on Using Safer Sex Practices Often one partner in a relationship wants to practice safer sex before the other partner has accepted it. This presentation focuses on ways to convince one's partner to use safer sex practices. 4 minutes.*

activity #3 TALKING WITH YOUR PARTNER *(This activity offers learners the opportunity to practice what they can say to their partner about using condoms. To do this activity, set up situations for role playing that take into consideration the particular circumstances of the learner's life. For example, if you know the learner is unattached and sometimes meets prospective sexual partners in a bar or at work, set up the scene for the learner to talk about using condoms before leaving the bar and before becoming involved physically. If it is helpful, you can offer learners any of the statements listed below).*

If your partner says:	You can say:
"I use the pill. We don't need to use a condom."	"The pill doesn't kill the AIDS virus. I want to use a condom anyway. It can protect both of us from infections we may not know we have."
"I haven't had sex before; I am a virgin."	"I'm not. Using a condom will protect both of us."
"I know I'm clean (uninfected); I haven't had sex with anyone in months."	"I'm clean too, as far as I know. But I still want to use a condom because either of us could have an infection we don't know about."

"It takes away all the romance."	"We can keep the romance; I will show you how."
"I can't feel anything when I wear a condom. It's like wearing a raincoat while taking a shower."	"Even if you lose some feeling, you'll still have plenty left."
"I'll lose my erection if I stop to put it on."	"I'll help you put it on. That will help you keep it."
"It takes so long to put it on I lose the mood."	"Maybe, but we feel strongly enough for each other, we can get the mood back."
"Condoms are fake. They turn me off."	"Please, let's work this out. An infection is too serious. Let's try condoms."
"What other ways?	"We can just pet, or put off sex for a while."
"I love you. I wouldn't give you an infection."	"Not on purpose. But people don't always know if they're infected. That is why we should use condoms."
"Just this once."	"Once is all it takes."
"What an insult! Do you think I'm a scumbag?"	"No, I didn't say that. I care about you and I think it's best to use a condom."
"No one else uses condoms. A real man/woman isn't afraid."	"I don't like being compared to your past lovers. A real man/woman cares about the people he/she has sex with."
"I don't have a condom with me."	"I do.", or, "Then let's satisfy each other without intercourse."
"You always carry a condom? Were you planning to trick (seduce) me?"	"I carry one because I care about myself. I have one now because I care about you too."

"I won't have sex with you if you have to use a condom."

"OK, let's put it off until we can agree. Let's do something besides having intercourse."

The bottom line is:

If you want to do this we must use a condom.

I have sex only with a condom.

I always use a condom when I have sex. No condom; no sex.

ACTIVITIES TO ASSESS LEARNING

Observe the learners' role playing to determine if they are able to at least indicate the idea of "no condom; no sex".

NOTES

LESSON 15 **HOW CAN USING DRUGS PASS THE AIDS VIRUS?**

learner objective to identify the risks for HIV infection that drug use presents

BACKGROUND INFORMATION FOR INSTRUCTORS The use of drugs, including alcohol increases a person's risk of contracting HIV infection. People who use alcohol or other drugs during sex are four times more likely to engage in high risk behaviors, (Coates, 1988). These high risk behaviors include engaging in unprotected sex, having multiple sex partners, and sharing needles to inject drugs intravenously.

Intravenous injection is a highly efficient way to transfer living virus from one person to another. It accounts for the high incidence of HIV/AIDS in people who share needles to inject intravenous drugs, are sex partners of IV drug users who share needles, or are infants born to women who use IV drugs or are sex partners of IV drug users.

Needles used to inject drugs are connected to a syringe (a hollow tube that holds the drug). Together, the needle and syringe are called "***works***" or a "set". When shooting up, users inject the drug from the syringe through the needle and into their skin, muscle or bloodstream. A small amount of blood or fluid from tissue always flows back through the needle and into the syringe. If the set is used by another person, the blood or fluid will mix with the drug and be injected into the next user's vein or skin. This means that people using the works of an infected user may inject infected blood or other body fluids into their own body.

No one should shoot up drugs because it can lead to addiction, poor health, family disruption, emotional disturbances and death.

Infected IV drug users are the main carriers of HIV infection to heterosexual populations. Consequently, AIDS prevention efforts that are directed at IV drug users focus on the following:

preventing drug addiction.

making treatment available and encouraging people who are addicted to seek treatment,

discouraging people from sharing or re-using needles unless the syringe and needles have been cleaned between use with bleach or in any other way that kills HIV, and

promoting safer sex practices since an IV drug user could be infected and could transmit the virus to others (Kelly and St.Lawrence, 1988).

Offering only information about the hazards of drug abuse has less impact than offering opportunities to build assertiveness and refusal skills through modeling, and using messages that are in tune with the person's own concerns and developmental level. In fact, the use of scare tactics can boomerang and cause people to increase their drug use (Brown and Fritz, 1988).

DIRECTIONS FOR INSTRUCTION This single lesson cannot begin to address all of the concerns that are related to drug abuse and HIV infection. Instead, the lesson deals primarily with offering information that can help learners understand how the use of drugs can increase their risk for HIV infection.

If you are interested in a more comprehensive drug prevention program or drug treatment program, contact your local mental health department, Alcoholics Anonymous, or Narcotics Anonymous. These groups may be able to send a person who will speak to staff and clients. They also may be able to recommend other sources of information and may be able to provide services for people who are addicted to drugs.

VOCABULARY

bleach

intravenous drug

set

syringe

works

INSTRUCTIONAL CONTENT

review Review these points with the learners.

- You can't tell if people have the AIDS virus just by looking at them.
- The AIDS virus can live in blood and in the wetness from sex.
- The AIDS virus can be passed in three ways by someone who has it. Who can name those three ways? (touching blood from an infected person, sharing needles with an infected person and having unprotected sex with an infected person.)

introduction Using street drugs is very dangerous for many reasons. One reason is that people who use drugs are more likely to get the AIDS virus.

statement There are many kinds of street drugs. Some of them are marijuana, cocaine, crack and speed. Using street drugs is very dangerous for many reasons. What reasons do you know?

- the drugs themselves are unhealthy for people's bodies.
- usually there are other things in the drugs that also are unhealthy.
- people can get addicted and need more and more of the drug.
- people can do things when they take drugs that they would not do otherwise. Sometimes people do drugs and steal, or lie, or have sex with people they don't even like. They may even have sex with someone who has the AIDS virus.

- people even shoot drugs with needles to get them into their body faster.

Shooting drugs in your veins with a needle is especially dangerous as far as AIDS goes. This is because people often share needles with each other and get blood from other people in their bodies. This blood could have the AIDS virus in it.

question What could happen if someone shares a needle with someone who has the AIDS virus in their blood?

QUESTIONS TO ASSESS LEARNING

1. As far as the AIDS virus is concerned, why is it dangerous to share needles when shooting drugs?

   because needles can have infected blood in them.

2.

NOTES

LESSON 16 **HOW SHOULD I INTERACT WITH SOMEONE WHO DOES DANGEROUS THINGS THAT COULD CAUSE THEM TO GET THE AIDS VIRUS OR GIVE IT TO SOMEONE ELSE?**

learner objective to demonstrate a variety of ways to interact safely with someone who engages in high risk behaviors

BACKGROUND INFORMATION FOR INSTRUCTORS HIV is transmitted primarily through two activities: unprotected sexual intercourse and the sharing of needles to inject drugs. ***Anal intercourse*** with someone who has HIV infection (with or without a condom, whether ***homosexual intercourse*** or ***heterosexual intercourse***) carries a high risk because the thrusting of the ***penis*** tends to make tiny tears in the ***rectum*** through which HIV can enter the body. Also, the tighter fit between penis and rectum tends to make condom more likely to tear.

Being friends with someone who engages in unprotected intercourse or anal intercourse presents no risk for contracting HIV even if the person has HIV infection. This is because HIV is not passed through casual contact. However, being friends with someone who injects illegal drugs can be risky because people tend to learn to inject drugs by first associating with other people who inject drugs.

DIRECTIONS FOR INSTRUCTION It is important for learners to understand that HIV is passed only by engaging in high risk activities with someone who has the AIDS virus. The emphasis in this lesson should be on not doing high risk activities rather than on avoiding people who might have AIDS. Care must be taken not to give the impression that people are bad or dangerous just because they have the AIDS virus.

MATERIALS

- illustration 5.5 shaking hands
- illustration 5.6 sharing phones
- illustration 5.7 sharing hot tubs
- illustration 5.8 wiping noses
- illustration 5.9 changing diapers
- illustration 5.10 mosquito
- illustration 5.11 hugging
- illustration 5.12 toilets

INSTRUCTIONAL CONTENT

review

- Review the high risk activities that have been discussed in earlier lessons.

  making sexual wetness without using condoms

  having sex with more than one partner

  sharing needles to inject any kind of drugs

(illustrations 5.5 - 5.12)

- Review activities that cannot pass the AIDS virus.

  shaking hands

sharing phones

sharing hot tubs

wiping noses

changing diapers

mosquitos, flies, or other insects

hugging

toilets

Introduction This lesson will help you know how to treat people who do things that can cause them to get the AIDS virus. Who can tell me what these behaviors are?

- sharing needles to inject drugs
- having sex without using condoms
- getting blood or other body fluids from someone else in your body

discussion Just because someone does dangerous things, do you have to do them too? What are some things you can do if someone asks you to do something dangerous? What are some things you can do if someone asks you to have sex without using condoms?

say, "no"

tell them it's dangerous

What are some things you can do if someone asks you to shoot drugs?

say, "no"

tell them it's dangerous

leave the area

stay away from these people

if you want to be around them, keep a safe distance from them

you can say, "I can't be friends with people who do that."

you can tell them, "I'm concerned for you. I'm afraid you'll get AIDS from doing that."

The important thing is to protect yourself from dangerous activities. It is still OK to be friends with these people, just don't do dangerous things with them.

question

1. What kinds of thing should you keep away from?

anything that makes wetness from blood or sex

activity Ask learners if they should stay away from people doing these activities:

sharing telephones

sharing needles

kissing

having sex without a condom

sharing silverware

hugging

having sex with more than one partner

swimming in a public pool

summary This lesson has been about how we should treat people who do dangerous things that could give the AIDS virus. We should stay away from people when they are doing these things.

QUESTIONS TO ASSESS LEARNING

1. People can get the AIDS virus from someone who has it by doing certain activities. What are these activities?

Making wetness from sex without using condoms

Having sex with more than one person

Sharing needles to inject any kind of drug

2.	What should we do if we know a friend does any of these dangerous things?	Tell them it's dangerous and we are concerned about them.

NOTES

LESSON 17 **HOW SHOULD I TREAT SOMEONE WHO HAS THE AIDS VIRUS?**

learner objective to demonstrate how to treat people who test HIV positive or who are believed to be HIV positive.

BACKGROUND INFORMATION FOR INSTRUCTORS It is against the law to discriminate against someone just because they have HIV infection or AIDS. However, knowing that a person has HIV infection or AIDS causes fear in some people.

The opportunistic diseases that are a part of a diagnosis of AIDS present a major danger to a person with AIDS. However, people with normally functioning immune systems are unlikely to get any of these diseases when visiting a person with AIDS (National Institute of Mental Health, 1989).

DIRECTIONS FOR INSTRUCTION This lesson calls for learners to act out their beliefs about how they should treat people who have HIV or AIDS. It will be important for instructors to be accepting of behaviors that arise out of fear and ignorance, and at the same time try to help learners gain understanding that will allay their fears and replace their ignorance with information.

VOCABULARY

confidentiality

discrimination

fair

safe

secret

MATERIALS

- illustration 5.5 shaking hands
- illustration 5.6 sharing phones
- illustration 5.7 sharing hot tubs
- illustration 5.8 wiping noses
- illustration 5.9 changing diapers
- illustration 5.10 mosquito
- illustration 5.11 hugging
- illustration 5.12 toilets

INSTRUCTIONAL CONTENT

review Review these points with learners.

- AIDS is a serious disease, but it is hard to get. There are only a few ways to get the AIDS virus. You know these ways. Tell them to me:

  touching blood from an infected person,

  sharing needles with an infected person, and

  having unprotected sex with an infected person.

(illustrations 5.5 - 5.12)

- Even if you have a friend who has AIDS, it would be safe for you to do many things with your friend. You know many activities people can do and not get the AIDS virus. Tell them to me:

  shaking hands

  sharing phones

  sharing hot tubs

  wiping noses

  changing diapers

  mosquitos, flies, or other insects

  hugging

  toilets

introduction If someone you know gets AIDS you can still be their friend and you can still be safe. This lesson is about being friends and being safe at the same time.

activity #1 How Close is Safe? *(In this activity, learners explore how close they believe they can be to someone who has HIV/AIDS and still be safe. Encourage learners to respond to each other's answers. Instructors also should remind learners that the only way to get the AIDS virus is by touching blood or other body fluids of an infected person.)*

The activity focuses on finding out the learner's personal limits for feeling safe by asking variations of the question

"Can you get the AIDS virus from someone who has it by...

living in the same town with her?"

living in the same neighborhood with him?"

living next door to her?"

riding in a car with him?"

working with her?"

swimming in a pool with him?"

shaking hands with her?"

hugging him?"

kissing her?"

having sex with him?"

touching her blood from a cut?"

activity #2 If I Had AIDS *(This activity employs role playing in which one person pretends to have the AIDS virus and the other shows how he or she would treat a person with the virus. There is a dual purpose to this activity: to help learners understand how a person with HIV would feel if treated unfairly or irrationally, and to recognize that a person with HIV presents no risk to others unless they touch the person's blood or other body fluids.*

Many, many different scenarios can be played out. A few are described below in which the person with the virus asks the other person to:)

go to a movie together

rub his back

be his roommate

loan him a sweater

give her a bite of his sandwich

sit beside her

share a needle and syringe to shoot up drugs

activity #3 Visiting a Friend who has AIDS (This activity may be useful for people who do have a friend with AIDS and want to maintain contact with the person. The activity includes reviewing suggestions for making a visit and then having the learner role play how he or she could carry out those suggestions.)

If you know someone who has AIDS and you want to be helpful, here are some things you can do.

- Ask the person what you could do that would be helpful. The person with AIDS may be able to tell you what would help the most.

- Remember, a person with AIDS can get other illnesses easily, so do not visit him or her if you have an illness yourself. Do not visit a person with AIDS if you have even just a cold because he or she could get it from you.

- A person with AIDS may have strong feelings about having AIDS. The person could feel angry, sad or guilty. You can let the person know that it is ok with you if they want to talk about it.

- When you visit a person with AIDS, remember to take news about things that interested your friend before he or she got AIDS. Your friend probably still is interested.

- Let your friend know what is going on in your life. Talk about your work, your friends and your living situation.

- Having AIDS can make a person very tired. Plan to keep your visits and phone calls short.

- Know that you will not get AIDS from your friend unless you get blood, semen or vaginal fluids from his or her body in your body. It is safe to hold your friend's hand, to hug your friend or give your friend a back rub.

- You may know of something that would please your friend. What would you like to do for your friend?

There are some other rules about how we treat people who have the AIDS virus. These rules are:

1. Having AIDS is a private thing. We don't tell other people. If someone tells us someone has the AIDS virus, we don't repeat it. We keep their secret. (This is called **confidentiality**.)

2. We don't keep people from doing things because we know they have AIDS. We are fair to them. (This is called **nondiscrimination.**) The law says that we cannot do things to people just because they have the AIDS virus. We cannot make them:

   - leave their jobs

   - move from their apartment or home

- stay out of a restaurant, swimming pool or restroom.

We don't need to treat people who have the AIDS virus differently. We can't get the virus from them unless we have sex with them or share needles with them.

QUESTIONS TO ASSESS LEARNING

1. How do we treat people with AIDS?	Just like anyone else because we shouldn't do dangerous activities with anyone.
2. What would you tell people if you hear that someone has AIDS?	Having AIDS is a private thing; we don't tell other people.
3. Do we keep people from doing things because they have the AIDS virus?	No.
4. If a friend has the AIDS virus, what could you do to show that you still are friends?	

NOTES

LESSON 18 **HOW CAN I FIND OUT IF THE AIDS VIRUS IS IN MY BODY?**

learner objective demonstrate how people can get help if they think they have HIV infection

Instructors may find that most of this lesson is unnecessary and too abstract for many of their learners. However, it is recommended that all learners be told that it is possible to get a test for the AIDS virus, and how they can get more information about testing from the instructor, the local health department or the local AIDS Hotline. (State Hotline phone numbers are in Appendix G.)

BACKGROUND INFORMATION FOR INSTRUCTORS It is possible to test blood to determine if a person is infected with HIV. The HIV antibody test does not identify the virus itself, but looks for antibodies that the body has manufactured in an attempt to defend itself from HIV.

Who Should be Tested Currently, the Centers for Disease Control and the US Surgeon General recommend against the blanket testing of the general population (Gostin, 1989). However, the Public Health Service recommends testing for people who have done any of the following:

had any sexually transmitted disease
shared needles or syringes for any purpose
had sex with a prostitute, male or female
received a blood transfusion between 1978 and 1985
have ***hemophilia*** and received clotting factor between 1978 and 1985

Testing also is recommended for:

anyone who has had unprotected sex
men who have had sex with another man
women who have engaged in high risk behavior and plan to have a baby or who could become pregnant because they are sexually active and are not using birth control
people who have had sex with anyone who has done any of these things (Koop, 1988)

People who have never done any of these things do not need to be tested.

Testing Sites People who are planning to be tested should contact a community test site which both tests ***anonymously*** and ***confidentially*** and also offers counseling before and after the testing. Testing is available from some doctors and clinics, Planned Parenthood and county health clinics. State and local public health departments can give addresses of local testing facilities. Local AIDS Hotlines also can give this information and address many other questions.

Confidentiality Everyone, including people who have developmental disabilities, has a legal right to confidentiality of information contained in their medical records. Disclosure of this information to someone other than the client generally requires the individual's consent.

In order to maintain confidentiality, some clinics will test people anonymously without ever knowing their name or true identity in order to assure that only the person learns the test results and that the results cannot be used against the person. These clinics ask people to make up a name or to use a series of numbers to identify their blood sample. Later, when the person goes to get the results of the testing, he or she gives the made-up name or number.

Informed Consent Informed consent is required before an HIV test can be administered unless there is a statute that requires ***routine*** or ***mandatory testing*** as there are for groups such as those entering the military or the Job Corps. An adult, even one who has a developmental disability is presumed to be competent to give informed consent unless he or she has been judicially determined to be incompetent specifically for the purposes of making medical decisions. In this case a substitute decision-maker must be appointed to make decisions about health care including testing for HIV.

Informed consent contains three elements: the consent must be competent, voluntary and knowing.

Competency refers to the patient's mental or cognitive ability to make a decision about the medical procedure at issue.

To be voluntary, consent must be given freely without coercion.

Knowing consent refers to whether the patient receives sufficient information to make a decision.

Counseling People seeking testing should look for a testing site that offers counseling both before and after testing. Counseling before testing should be aimed at helping people understand if they are truly at risk and to decide if they want to know whether or not they have contracted HIV. Counseling that follows testing (and learning the results of the test) should help people examine the behaviors that put them (and others) at risk for HIV infection. For people who test positive, counseling should help them develop the supports they will need to deal with the results of infection.

Types of Tests There are several types of tests available for determining if someone has been infected with HIV. The do-it-yourself kits are not reliable and should not be used. The different tests are described below.

antibody tests People who are infected with HIV will produce antibodies to the virus and these antibodies will be present in their blood. Antibody tests do not identify the virus itself, but look for antibodies that the body has manufactured in an attempt to defend itself from HIV. Two commonly used antibody tests are the *ELISA* and the *Western Blot Test*.

The *ELISA* (enzyme-linked immunosorbent assay) is the test used most commonly to detect antibodies that are manufactured when the body is infected with HIV.

The *Western Blot Test* is more specific than the ELISA but also is more difficult and more expensive to perform and is used primarily to double-check blood samples that the ELISA test shows to be positive.

antigen tests Antigens cause the body to produce antibodies. Different tests are needed to detect different parts of the virus: the whole virus, the outer coat, the inner core, or special proteins made by the virus. ***Antigen tests***, used in conjunction with antibody tests tell if a person is infected as well as the person's stage of infection.

viral cultures These are laboratory tests in which HIV from the cells or body fluids of an infected person are grown. However, even when a person is definitely infected, the virus does not always grow. Therefore, ***viral cultures*** are used only in combination with other types of tests.

do-it-yourself testing Commercially available kits that claim people can test themselves at home are unreliable. HIV testing is very complicated and difficult to do exactly right. Their reliability depends on many things, including the expertise of the person doing the test. Also, the kits cannot confirm samples. These kits not only give questionable results, but offer no counseling.

The Testing Process Testing is performed by a medical professional such as a nurse, doctor, or technician who draws blood from the patient's arm in the same manner that blood is drawn for more routine blood tests. The medical professional will wrap a rubber strap or tube around the patient's upper arm, clean the skin with alcohol and insert a needle with a syringe attached to it into a vein and draw the blood. It takes just a few seconds to draw the needed blood (about a teaspoonful). The rubber strap is unwrapped and a piece of cotton or gauze is pressed against the skin to prevent bleeding. The blood is put in a small test tube and sent to a testing laboratory for an ELISA test.

A new disposable needle and syringe are used for each person, so there is no chance of getting HIV infection during the testing process.

Although there is a sharp jab when the needle is inserted, drawing blood is not very painful.

If the ELISA test is positive, the blood is retested with the Western Blot to determine if the first results are accurate. An antigen test that looks directly for the HIV also may be done.

It usually takes several weeks before test results are reported back to people.

Test results These are not AIDS tests. They cannot tell if the person has or ever will have AIDS. AIDS is diagnosed on the basis of being HIV positive and having any number of symptoms that indicate the immune system is not working correctly.

Test results will either be positive or negative.

Positive (or ***seropositive***) results mean:

The person has been infected with the AIDS virus.

The infection will be with the person for the rest of his or her life.

The person could give the virus to other people if he or she is not careful.

Negative (*or **seronegative***) results mean one of two things:

The person has not been infected with the AIDS virus, or

The AIDS virus has been in the body, but the body has not had a chance to fight back by making enough antibodies to show up on the test. The person may have been tested too soon after exposure and should be tested again in three months.

Inaccurate or misleading results are possible. For example, when people who have the AIDS virus are tested before their bodies have time to produce enough antibodies to show up in testing, their test results will be negative. However, these results are inaccurate, or *false negative*. On the other hand, it is also possible for blood samples to appear to have HIV antibodies when they really do not. In this case, the reading of the sample also would be inaccurate, or *false positive*.

Window Period The period of time it takes the body to make enough antibodies to show up in testing is called the ***window period***. It can take from several weeks to as long as six months for a body infected with HIV to produce enough antibodies to be detected. Because of negative test results may not mean the person is free of HIV infection unless the person has engaged in no high risk behaviors for six months prior to testing.

MATERIALS

- "Reasons for Having an HIV Test"
- "Reasons for Not Having an HIV Test"

INSTRUCTIONAL CONTENT

review Review these points with the learners.

- The AIDS virus can live in blood.
- People can get the AIDS virus by having sex with someone who has the virus and not using condoms.
- People also can get the AIDS virus by sharing needles with someone who already has the AIDS virus.
- You cannot tell if people have the virus just by looking at them.

introduction This lesson is about how people can find out if they have the AIDS virus.

statements

- There are only two ways to know for sure that you do not have the AIDS virus.

  One is to know that you have no high risk behaviors.

  The other is to have a special test.

- The AIDS virus can live in blood. People who have the virus have it in their blood. Doctors can tell if a person has the virus in their blood by doing tests to the blood.

discussion ("Reasons for Having an HIV Test" and "Reasons for Not Having an HIV Test" at the end of this lesson can be used to guide a discussion.)

NOTES

REASONS FOR HAVING AN HIV TEST

I want to know if I have the AIDS virus.

If I test negative:

I will feel relieved. I will avoid risky behavior and use safer sex practices to protect myself.

If I test positive:

I can make appropriate plans for myself and others.
I can eat a healthy diet, exercise, avoid drugs and alcohol, and do other things that may help me stay healthy longer.
I can get early medical help that could prolong my life or keep me healthy longer.
I can tell my sex partners or needle-sharing partners so they can get counseling or testing.
Because I will be more likely to get certain infections, I'll need a doctor who can help me avoid getting secondary illnesses and can decide if I should take medicine that can protect me from these infections.
I can participate in research studies or take experimental medicines which may keep the virus from causing more harm to my body.

Knowing the results will:

Relieve the anxiety of not knowing.
Tell me where I stand before I make decisions about marriage and having children.

REASONS FOR NOT HAVING AN HIV TEST

No matter what the results are, I won't change my high risk behaviors.

Even if the results are negative, anyone who finds out I was tested will wonder why I got the test in the first place and think there is something wrong with me.

If I test positive:

I might become depressed enough to kill myself.
My family and friends might reject me.
I do not want to live with the worry of knowing I have a virus that causes diseases that could kill me.
I still won't go for medical help or counseling.
I won't be able to tell anyone. I will have to carry the burden of this information alone.
Results may be put in my medical records and used to prevent me from getting a job, insurance or a place to live.

adapted from *AIDS: Trading Facts for Fears, a Guide for Teens* (1989) by Karen Hein, M.D. and Theresa Foy Digeronimo and the editors of Consumer Reports Books

QUESTIONS CLIENTS SHOULD ASK BEFORE BEING TESTED

	yes	no
Do you usually care for people my age? (if a minor)	____	____
Do I need permission from my parents or another adult in order to have the HIV test?	____	____
Must I bring my parents or another adult with me?	____	____
Will you tell anyone else, whether I want them to know or not, either now or later?		
my case worker	____	____
my employer	____	____
my insurance company	____	____
my medical records	____	____
Can I be tested free of charge?	____	____
If not:		
What is the cost? $____		
Do I have to pay before I get the test?	____	____
Is there a reduced price for people who cannot pay?	____	____
Will a bill be mailed to me for the lab test and office visit?	____	____
Will you tell my sex partner(s) if I want you to?	____	____
Will you tell my sex partner(s) if I don't want you to?	____	____
Will you help me talk to my parents, sex partner(s) or other people I might want to tell?	____	____
Will you tell me about the advantages and disadvantages of HIV testing?	____	____
Will you give counseling before and after the testing?		
If yes, how long will the counseling sessions be?	____	____
	____	
Can I come more than once to talk about whether or not to have the test? (people should be able to take their time making this decision)	____	____

How long will I have to wait for an appointment? _____
How long does it take to get the test results? _____
How will I be told the results? _____

adapted from *AIDS: Trading Facts for Fears, a Guide for Teens* (1989) by Karen Hein, M.D. and Theresa Foy Digeronimo and the editors of Consumer Reports Books

QUESTIONS ABOUT "ROUTINE" TESTING

People should understand the risks and benefits of testing whether the testing is mandatory or routine. In some states, the laws say that no one can be tested for HIV without giving written permission. But not all states have these laws, and in some states that do, the laws are ignored. If someone tells you they are going to give you some routine blood tests, you should ask, "Blood tests for what?"

Medical tests sometimes are required before entry to a boarding school, job, drug rehabilitation center or foster-care program. These tests may or may not include one for HIV. Before you allow someone to take a blood sample, get the facts by asking the following questions.

	yes	no
Do you require HIV testing?	____	____
Do I have to test negative to be accepted?	____	____
Will you tell the results to:		
my parents?	____	____
my school?	____	____
my employer?	____	____
my insurance company?	____	____
How will I be informed of the test results?	_____	
Who in your organization will know the results?	_____	
Where will my records be kept?	_____	
How long will my records be kept?	_____	

adapted from *AIDS: Trading Facts for Fears, a Guide for Teens* (1989) by Karen Hein, M.D. and Theresa Foy Digeronimo and the editors of Consumer Reports Books

APPENDICES

BEST COPY AVAILABLE

APPENDIX A

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APPENDIX B

RESOURCES

Anatomic Models

This company offers realistic anatomic models of female and male sexual organs. A price list and order form can be obtained by writing or calling the company.

Jim Jackson and Company
33 Richdale Avenue
Cambridge, MA 02140
(617) 864-9063

Books

AIDS: Trading Fears for Facts, a guide for teens. 1989. Karen Hein, M.D., Teresa Foy DiGeronimo and the editors of Consumer Reports Books. Published by Consumers Union of the United States, Inc. Mount Vernon, New York 10553. Although written for teens, this book contains information that will be useful to instructors and parents. It covers AIDS, including basic facts, sex, drugs, testing, treatments and projections for the future of the epidemic.

How to Persuade Your Lover to Use a Condom...and Why You Should. 1987. Patti Breitmen, Kim Knutson, and Paul Reed. Quantity discounts are available from Prima Publishing and communications, Post Office Box 1260 PC, Rocklin, CA 95677. Telephone: (916) 624-5728. On your letterhead, include information concerning the intended use of the books and the number of books you wish to purchase. Sections in this book that will be especially useful to trainers are those that offer tips on how, when and where to bring up the subject of using condoms and how to respond to almost any objection to using them.

The Quilt: Stories from the NAMES Project. 1988. Cindy Ruskin with photographs by Matt Herron. Published by Simon & Schuster, Inc., NY. "...in our opinion (this) is the most vivid documentation of AIDS' impact on our friends, our families, our communities and ourselves. You will not find information on the clinical, medical or therapeutic aspects of AIDS here. They receive no mention. What you will find is a profound documentation of the love and caring of thousands of people who have helped create a huge quilt in memory of those they have lost to AIDS. Through interviews, testimonials and color photographs on every page, this book tells about those remembered and some of those left behind. We believe *The Quilt* should be shared with students to help them understand how important it is to confront AIDS with compassion, and share with colleagues to deepen the awareness of the tragedy of AIDS. *The Quilt* will inspire all its readers to meet AIDS with hope and caring."

The staff of Network Publications, ETR Associates

Available through Network Publications, PO Box 1830, Santa Cruz, CA 95061-1830. Phone (408) 438-4080. Write or phone to place orders or to request a catalog of materials on AIDS prevention, health education or sex education.

Booklets, Brochures, Comics, etc.

Staff Guide to Control of Infectious Disease for the Special Needs Population in Residential Sites and Day Programs. 1989. Association For Retarded Citizens. Prepared by Developmental Disabilities Community Nurses Coalition. Boston, MA. Available through ARC of the United States, National Headquarters, 2501 Avenue J/P.O. Box 6109, Arlington, TX 76005.

AIDS News Comic Book depicts young people of color as they learn about how people get AIDS and how to prevent it. It is in color and written at the 5th grade reading level. 20 pages. Approximately $2.50 for 10 copies, plus shipping and handling charges. For more information, write or phone:

People of Color Against AIDS Network (POCAN)
105 14th Avenue, Suite 2D
Seattle, WA 98122
(206) 322-7061

Curricula

AIDS: Training People with Disabilities to Better Protect Themselves. Developed and published by Young Adult Institute (YAI), 460 West 34th Street, New York, NY 10001. Phone (212) 563-7474. This curriculum offers comprehensive step-by-step instructions on how to teach people with disabilities about the hazards of AIDS and how to better protect themselves. The training video tape and manual employ a multi-sensory approach to provide explicit instructions on how to use a condom for better self-protection and a strategy for resisting social pressures to engage in unsafe sex. (1/2" VHS $145.00)

Circles III: Safer Ways. Maralyn Champagne and Leslie Walker-Hirsch. Published by James Stanfield Publishing Company, P.O. Box 1995 B, Santa Monica, CA 90406. Phone 1-800-421-6534. This material is a part of a three-part series that includes *Circles I: Intimacy and Relationships*, and *Circles II: Stop Abuse*. Circles III was developed to bring people with developmental disabilities current information about communicable diseases, including sexually transmitted diseases such as AIDS.

Life Horizons. Winifred Kempton. Published by James Stanfield Publishing Company. P.O. Box 1983-AA, Santa Monica, CA 90406. Phone 1-800-421-6534. *Life Horizons I*, for people with developmental and learning disabilities deals with the physiological and emotional aspects of being male and female. It includes a section on sexually transmitted diseases including AIDS.

Curricula that can be adapted

AIDS/HIV Curricula Rated Favorably by an HIV/AIDS Education Project

The curricula listed below were reviewed by special educators and health educators participating in an AIDS/HIV Education Project that was conducted by the Association for the Advancement of Health Education and the Council for Exceptional Children. These curricula were rated at least 8 on a 1 to 10 scale, with 1 being "poor" and 10 being "excellent". Although not designed specifically for special

education students, reviewers believe these curricula can be adapted to meet instructional needs of exceptional students.

AIDS Instructional Guide - Grades K-12
New York State Education Department
The University of the State of New York
Bureau of Curriculum Development
Albany, NY 12234

AIDS Prevention through Education - Sample Curriculum
South Dakota Department of Education
700 Governors Drive
Pierre, SD 57501

Instruction about AIDS in Wisconsin Schools
Wisconsin Department of Public Instruction
1255 S. Webster Street
PO Box 7841
Madison, WI 53707-7841

AIDS Supplemental Guide - Health Education
Hawaii Department of Education
Office of Instructional Services
General Education Branch
PO Box 2360
Honolulu, HI 96804

AIDS Education - Supplemental Teaching Guide
Columbus Health Department, AIDS Program
181 Washington Blvd.
Columbus, OH 43215

Education Guide to AIDS and other STD's
Stephen R. Sroka, Ph.D
Lakewood, OH

For more information about the project or the reviews, contact

Ms. Ginger Katz
Department of Professional Development
The Council for Exceptional Children
Reston, VA 22091

APPENDIX C

SEXUALITY

ISSUE

Sexuality is a natural part of every person's life. Sexuality and sexual expression of people with mental retardation creates diverse reactions. This issue requires respect, understanding, caution and an awareness of the wide array of human rights. Current social trends make the issue more urgent and complicated. The commitment to full integration into the community has given people with mental retardation new experiences, more risks, and more opportunities to make choices. The ability to make educated choices in the area of sexuality is especially critical.

POSITION

The ARC recognizes and affirms that individuals with mental retardation are people with sexual feelings, needs and identities, and believes that sexuality should always be seen in the total context of human relationships. Sexuality includes gender identity, friendships, self-esteem, body image and awareness, emotional development and social behavior, as well as involvement in physical expressions of love, affection and desires.

The ARC believes that people with mental retardation have the right on an individual basis to:

- **have privacy;**
- **love and be loved;**
- **develop friendships and emotional relationships;**
- **choose friends;**
- **learn about sex, sexual problems, sexual abuse, safe sex, and other issues regarding sexuality;**
- **exercise their rights and responsibilities in regard to privacy, sexual expression, and the "pursuit of happiness"; and**
- **marry and have children.**

The ARC supports programs which encourage people with mental retardation to develop expressions of their sexuality that reflect their age and social development, acknowledge the values of their families and are socially responsible. The ARC believes education should be available for people of all ages to assist in and, where appropriate, teach expressions of sexuality and responsible sexual behaviors with respect for the rights of others.

In support of this position, ARC will advocate that the person with mental retardation be educated and receive proper supports to protect him/herself from abuse, exploitation, unwanted pregnancy and sexually transmitted diseases while safeguarding dignity and rights.

The ARC further advocates that on an individual basis people with mental retardation have the right to receive sex education, to marry, to have children if they so desire, and to receive proper supports to assist them in rearing their children. Furthermore, the ARC believes that the presence of mental retardation regardless of severity, must not, in itself, justify either involuntary sterilization or denial of sterilization to those who choose it for themselves.

Adopted by Delegate Body
November 10, 1990

APPENDIX D

OFFICIAL RESOLUTION OF THE ASSOCIATION FOR RETARDED CITIZENS OF THE UNITED STATES

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Acquired Immunodeficiency Syndrome (AIDS) is a serious health threat to all people of the world, including people with mental retardation. AIDS is fatal, and during its progression causes mental and physical disabilities in the person who has acquired the disease so that even people who did not previously have disabilities will develop them.

Increasing numbers of infants are being born with AIDS, and most infants who are born with AIDS will be mentally retarded and will have additional mental and physical abnormalities. Children who lack access to adequate health care, live in urban poverty, or have poor health, comprise the vast majority of pediatric AIDS cases. Children and adults can also be infected through blood transfusion.

AIDS is a preventable disease, and education and consequent behavior changes can protect an individual from contracting the disease. Although children and adults with mental retardation are no more susceptible to the disease than other people, education and training efforts must take into account the special learning needs of people with mental retardation. The societal discrimination that is so prevalent in the lives of people with disabilities is amplified when the individual has Human Immunodeficiency Virus (HIV) which encompasses all terms including AIDS, AIDS related complex or the AIDS virus.

The Association for Retarded Citizens of the United States supports:

1. Continued and immediately expanded research efforts for a cure for the disease and amelioration of its effects.

2. Continued and immediately expanded home and non-hospital based services to support the humanity and dignity of all people with the disease, including people with mental retardation who have the disease.

3. Continued and immediately expanded efforts for prevention of the disease in infants and young children, including the provision of AIDS education which is accessible to people of all ages and abilities including people with mental retardation.

4. Continuously updated public education should be made available to persons of all ages and abilities, including people with mental retardation, that will allow the choices and behavior changes necessary for the prevention of the disease in individual cases.

5. A functional approach should be used in describing the service needs of a person rather than the use of the diagnosis AIDS. Services should match needs. The array of services may include but not be limited to: counseling, social services, sex education, employment, residential services, physical therapy, equipment, social work, occupational therapy, early childhood intervention, public education, and nursing. These services should be accessible, nondiscriminatory, and be consistent with the least restrictive environment principle.

6. Every agency should be prepared to face the AIDS crisis by having written policies and procedures regarding staff, volunteers, and consumers who may contract HIV. These guidelines, policies and procedures should be prepared in consultation with interested groups

such as individuals, families, health personnel, legal experts, staff, administrators and board members. These policies should cover admission procedures, treatment, confidentiality, due process, hygiene practices, inservice training, prevention issues, and financial responsibilities.

7. Mandatory blood testing or screening for HIV should not be conducted solely on the basis of mental retardation or living circumstances. Testing should not occur without informed consent, a clear medical indication to test, or a real and imminent danger to others. Consent procedures must be followed. Confidentiality must be maintained.

8. Coverage under Section 504 should be extended to persons with contagious diseases.

Adopted as amended
ARC Executive Committee
February 20, 1988

PUBLIC POLICY AFFIRMATIONS

affecting the planning and implementation of

DEVELOPMENTAL SERVICES

FOR CHILDREN AND ADULTS WITH HIV INFECTION

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PROLOGUE

The expanding epidemic of HIV infection in the United States is having an increasing impact on the developmental disabilities field. The number of children infected with symptomatic HIV are growing rapidly. There are now more than 1400 pediatric cases reported. Almost all children with congenital HIV infection manifest evidence of central nervous system dysfunction and the vast majority show signs of developmental delay or loss, mental retardation, or cerebral palsy. Most of the infected children are offspring of intravenous drug users or their sexual partners. Some children and adults, especially those with hemophilia, were infected by blood products. Adults with developmental disabilities are at risk of acquiring HIV infection through the same mechanisms as other adults. As a result, the number of adults with both HIV infection and developmental disabilities is also gradually increasing.

These concerns have created a need to examine public policy issues and to further efforts in planning, implementing, and evaluating services for children and adults with HIV infection and their families. A working conference on Issues and Public Policy in Developmental Disabilities and HIV Infection was held in Bethesda, Maryland, on November 9th and 10th, 1988. The conference brought together representatives of a wide range of governmental agencies, consumer groups, advocates, service providers, staffs of the University Affiliated Programs, and public policy experts in the human services field.

The conference format included a number of state-of-the-art presentations on practice in the field. Work groups then addressed the major areas of concern, and formulated policy recommendations. The resulting efforts were refined and consolidated to produce a consensus that reflected the varied and sometimes divergent points of view. These are presented in the subsequent section of this report.

Certain key principles emerged as the predominant elements in any proposed strategy to develop the services required for those with HIV infection and developmental disabilities. These can be briefly summarized as follows:

1. Future service development should represent a partnership between professionals and the involved families or other caretakers.

2. No child or adult should be denied access to any generic or specialized service due to a possible or actual infection with HIV.

3. The infected child or adult has a right to confidentiality concerning his or her HIV status.

4. The individual who has both HIV infection and developmental disability will require an extensive range of services, similar to others with developmental disabilities. However, special assistance, training, and support may be needed for the families and those caring for the person with infection.

5. There needs to be an extensive effort to prepare professionals and other staff in both generic agencies and those with special programs serving individuals with developmental disabilities so that all such staff understand the nature of HIV infection, its limited infectivity, and specific measures required to serve the individuals with infection and their families.

6. Funding mechanisms must be established or modified to reimburse for any additional costs that result from providing services for individuals with HIV infection and developmental disabilities.

1 CONFIDENTIALITY AND TESTING

1.1 The confidentiality of an individual's HIV status shall be respected.

HIV testing results are felt to be the property of a person inasmuch as they are an extension of a person's physical being. Violations of confidentiality are considered a violation of human and constitutional rights.

1.2 Test results shall be disclosed only to the client/patient, surrogate decision-maker, and medical care provider.

In varying circumstances, surrogate decision-makers may be parents, adoptive parents, foster parents as guardians, and child welfare agency managers. They should be involved in consideration of extending the testing information to selected persons with a carefully determined "right to know," such as day or residential program directors, school principals, respite care workers, and additional family members.

1.3 Antibody testing shall be voluntary, and performed only with informed consent.

The client/patient or their surrogate is the locus of authority for testing. Information shall be provided about the risks and benefits of testing.

1.4 Testing shall be performed only when medically indicated.

A medical recommendation for testing shall be based on current scientific knowledge and best medical practice.

1.5 Testing shall be accompanied by counseling and other supportive services.

Testing without the availability of counseling and supportive services for clients who may test positive is felt to be an unwarranted hazard. These supports shall include appropriate developmental services.

2 DISCRIMINATION, AND EDUCATION OF THE PUBLIC

2.1 Persons with developmental disabilities and HIV infection shall have the right to self-determination and full integration into society.

To achieve this there must be appropriate implementation of existing laws, rules, and regulations. Where intrusive laws exist, there shall be efforts towards law reform. Best practices should be identified, disseminated, adapted, and replicated. Community responsibility and acceptance shall be promoted by education and demonstration.

2.2 There shall be no discrimination within the general community based on status (or perceived status) regarding HIV infection, and especially there shall be none within the common effort for provision of developmental services.

This will be assisted by passage of the American Disabilities Act, including provisions protecting persons who have HIV infection. Other legislation may be needed for further areas of protection not covered in the ADA. The developmental disabilities service and consumer world should actively participate in the passage and implementation of anti-discrimination legislation at the state and local level.

2.3 Protection & Advocacy services are urgently needed to confront issues involving discrimination for persons with developmental disabilities and HIV infection.

Effective enforcement of the rights of persons with developmental disabilities and HIV infection can be achieved by providing legal advocacy services. A model for accomplishing this exists in the federally created Protection & Advocacy Systems for persons with Developmental Disabilities (PADD) and Mental Illness (PAMI).

2.4 Persons with developmental disabilities shall have access to effective and appropriate education and related services which will reduce the risk of their becoming infected with HIV.

Education for prevention of HIV infection in persons with developmental disabilities should begin with those who have most to do with access--such as policy makers, parents and guardians, service staff, and health educators. Appropriate curricula must be developed, adapted, disseminated, and evaluated. There are related issues in elements of AIDS education for the general public. Further, the AIDS service community should be informed regarding issues and concerns for persons with developmental disabilities.

3 AVAILABILITY OF SERVICES, INCLUDING FAMILY SUPPORT

3.1 Developmental services that are available for other children and adults shall be available as well for persons with HIV infection and their families.

When services are not available, they shall be established.

3.2 Developmental services shall be incorporated within planning and case management, acknowledging the special needs of clients who have both HIV infection and developmental disability.

A comprehensive design for case management shall be sought which attends to the multifactorial requirements usual in the situation of HIV infection. These may also include medical care, counseling, drug treatment programs, housing and transportation difficulties, financial concerns, family empowerment, and permanency planning.

3.3 The developmental service components shall be family-centered, community-based, and coordinated.

Families shall be defined in a way that reflects diversity of patterns and structures, including foster care. Services for children with HIV infection shall be related to individual child's needs and family preferences.

3.4 Developmental services, such as early intervention, therapies, preschools, and schools, shall be provided in an integrated setting.

Program planning shall involve short and long-term goals, which include an implicit sense of urgency for moving toward the achievement of fully integrated community services, in keeping with the principles of least restrictive alternative. In some circumstances, such as program effectiveness or the preference of families who have children with HIV infection, it may be temporarily necessary to provide community services in specialized settings.

3.5 The special developmental needs of most children with congenital HIV infection require that a developmental model be utilized in the design of support services.

Coordination with medical care is essential, and hopefully a single contact person can assure achievement of health care assistance for both the child and other family members who may have HIV infection. Pediatric HIV infection shall be considered a condition which places a child "at risk" of developmental delay for the purposes of eligibility for services provided under P.L. 99-457

3.6 There shall be increased efforts in training of personnel for developmental centers and community-based services, as part of a broader consciousness-raising program for the public about HIV infection.

Innovative approaches are needed to train professionals at all levels, including community health workers, to assist in service coordination and provision. New or improved funding mechanisms may be necessary to sustain these professionals. It is further acknowledged that resources must be allocated to program staff which recognize the intensity of services required and the support necessary to prevent burnout.

3.7 There shall be greater support given to the foster care system and to extended family members who assume responsibility for the care of children with HIV infection.

3.8 There shall be financing structures in place for the particular costs involved for individuals with HIV infection.

See Section 5.

4 PROGRAM LIABILITY

4.1 Programs providing services for persons with HIV infection and developmental disabilities shall not let liability concerns interfere with the delivery of services to their clients.

Lack of knowledge and uncertainty can provide a barrier to this resolve. Agencies shall develop specific policies and procedures to reduce the risk of liability.

4.2 No providers, whether private or public, shall discriminate against a person who is HIV infected.

Antidiscrimination provisions shall be strengthened in state statute to extend jurisdiction to private service providers. Liability concerns will be reduced when all providers are on an equal footing.

4.3 Service providers shall maintain accepted standards of least restrictive alternative, normalization, autonomy of choice, privacy, and integration.

Policies for clients with HIV infection shall be established which relate directly to the organization, are specific for the clients served, and are consistent with accepted professional practice regarding behavior, mental status, etc. These shall be reviewed periodically and maintained in a fashion consistent with current scientific knowledge.

4.4 Individual states, and the federal government, shall monitor provision of insurance to providers, in order to identify and analyze liability risks, minimize and manage risks, and limit individual losses.

4.5 Education shall be furnished to all providers, consumers, and insurers regarding the minimal danger which exists for transmission of HIV infection in the setting of developmental services.

This will reduce the fear of liability. Also, developing policy guidelines and standards of care will educate staff and reduce the anxiety associated with HIV infection.

5 INSURANCE

5.1 Symptomatic pediatric HIV infection shall meet the medical criteria for SSI eligibility.

5.2 There shall be revision of the Medicaid benefits system.

Incentives are needed to get children out of hospital care, and into community-based systems. Options shall be available which go beyond the requirement for institutional setting.

5.3 There shall be interrelations (integration) between systems of in-patient care and community social services, including foster care.

5.4 Key developmental services shall be covered by Medicaid payment.

Case management costs require support, and, as determined by the management team, assistance is also needed for nutrition, physical therapy, occupational therapy, speech therapy, mental health services, and related interventions.

5.5 Pediatric HIV infection shall not be excludable from existing private health insurance coverage.

5.6 Enrollment in group insurance coverage shall not be denied because of presence in the family of children with HIV infection.

5.7 For children not covered by Medicaid or private policies, there shall be catastrophic illness coverage, supported by state or local government at an affordable level.

5.8 Hospice services shall be reimbursible by public or private coverage.

6 EMPLOYEE RIGHTS AND RESPONSIBILITIES

6.1 The employee shall have the right to be educated about HIV infection and developmental disabilities; the employer shall have the responsibility to provide information, training, supervision, and support.

This applies to all workers, paid and unpaid. The training shall be generic for all employees (including the areas of general knowledge, attitudes, and values), and individual for specific job responsibilities (including information on death and dying). Curriculum development and delivery shall be provided by qualified trainers, including medical, developmental, educational, and social experts, and have input from employee and consumer involvement. Inservice training shall be ongoing, to address new staff, changes in treatment or knowledge, and management of difficult or emergency situations. Supervision shall be based on delineated policies and procedures which are consistently administered and uniformly enforced.

6.2 No employee shall be exempted from his or her responsibility to serve those infected with HIV.

6.3 Employees need to know they are serving individuals infected with HIV only where this is truly necessary to care for and protect the infected individuals appropriately.

Sharing of information about client and family HIV status will be guided by consistency with federal and state laws, and the preservation of confidentiality according to professional standards. See Section 1. In general, it can be stated that the current recommendations for improved hygienic practices in the circumstances of child care will adequately protect all parties against the risk of viral transmission.

6.4 The employer shall have the responsibility to provide and maintain a safe work environment, including furnishing adequate staffing patterns and facilities.

6.5 Employees shall have the right to employment and confidentiality in a service organization regardless of their own HIV status.

This should be assured within the framework of Section 504 of the Rehabilitation Act of 1973, as amended.

EPILOGUE

The policy conference identified the serious issues regarding HIV infection in special populations, particularly persons with developmental disabilities. These policy statements emerged out of the recognition that developmental programs must be committed to providing services for infants, children, and adults with HIV infection; developmental services must be prepared to accommodate the special needs prompted by HIV diseases.

As scientific knowledge develops concerning HIV infection and as the numbers of individuals with developmental disabilities and HIV increase in developmental services, new issues will emerge that will warrant a re-examination of these statements. However, HIV policy must be based on sound, rational knowledge as derived from public health experts and scientific research. The affirmations resulting from this conference have applied this knowledge to developmental services.

When considering issues posed by HIV infection, the disability community will face assaults on fundamental disability law such as treatment in a least restrictive setting, P.L. 94-142, Section 504, and other major landmark legislation protecting civil rights and providing services for persons with disabilities. Our challenge remains to assure appropriate developmental services to all persons with developmental disability--including persons with HIV infection.

Fortunately, the disability community has had an extensive history of dealing with demands for innovative services, which at the same time protect the rights of the involved persons. Developmental service providers must now integrate this history with the establishment of resources which address the particular requirements of HIV diseases.

The term "affirmation" is used here to connote that these statements are the beliefs, hopes, and recommendations of the conferees, derived by majority decision. The word reflects the definition of affirm: "to declare positively or firmly, to maintain to be true." In some instances the statements conform with existing laws or regulations; in others they can be viewed as convictions or expectations. We hope that they will serve as a basis for extensive local and national discussion. The conference leadership is grateful to the faith, energy, and expertise embodied in the illustrious group of persons who participated. In listing their attendance (see next pages) it should be noted that they were speaking as individuals in this circumstance, and it should not be construed that they were representing official policy determination by their organizations. Special appreciation is expressed for the editorial assistance of Harriette Derryberry, Beverley Johnson, and Theodore Kastner. Further materials from the conference, including the Affirmations, will appear in the August 1989 issue of Mental Retardation, the AAMR journal.

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APPENDIX F

SEXUALITY CURRICULUM, MATERIALS, AND PROGRAMMING RESOURCES DESIGNED FOR SPECIAL EDUCATION POPULATIONS

Jean Edwards, Special Education
Portland State University
Revised, 1990

CURRICULUMS AND ASSESSMENTS

1. "BEING ME" PROGRAM by Jean Edwards
   - Teacher's Guidebook 34.00
   - Sex Education Slides 49.00
   - Assessment Scale and photo presentation cards 47.00
   - Just Between Us 14.00

   The complete "BEING ME" program 129.00

   Curriculum can be adapted for a broad base of populations, appropriate for group or individual instruction.

   Pro-Ed
   8700 Shoal Creek Blvd.
   Austin, TX 78758
   (512) 451-3246

2. LIFE FACTS CURRICULUM SERIES 129.00
   FUNDAMENTAL INFORMATION ABOUT LIFE - 1988

   James Stanfield Publishing Co.
   P.O. Box 1983
   Santa Monica, CA 90406

   This has an AIDS education section. This is the revised EASE curriculum.

3. POSITIVE IMAGES - A New Approach to Contraceptive Education-1986 . . . . . 15.00
   Peggy Brick and Carolyn Cooperman . . . . . postage and handling 2.00

   Planned Parenthood of Bergen County, Inc.
   Center for Family Life Education
   575 Main Street
   Hackensack, NJ 07601
   (201) 489-1265

4. LIFE EDUCATION FOR MENTALLY IMPAIRED PERSONS:
   A CURRICULUM GUIDE - 1977 . . . . . 7.00
   Edited by S. Koscierzynski and M. Karpen

   Monroe County Intermediate School District
   1101 Raisinville Road
   Monroe, MI 48161
   (313) 242-5454

This was one of the first curriculums ever published for this population. It is a developmentally-based program but still valid.

5. PERSONAL DEVELOPMENT AND SEXUALITY: A CURRICULUM GUIDE FOR THE DEVELOPMENTALLY DISABLED - 1978 . . . . . 18.00

Planned Parenthood of Pierce County
312 Broadway Terrace Building
Tacoma, WA 98402

Topic areas with general statements, behavioral objectives, activities and resources for each. A facilitator's guide and a program-planning and evaluation section is also included.

6. A PERSONAL GROWTH AND DEVELOPMENT CURRICULUM GUIDE FOR THE DEVELOPMENTALLY DELAYED - 1982 . . . . . 10.00
Edited by Ed Simon and Rhonda Witkowsky-Jeter

Cuyahoga County Board of Mental Retardation
1051 Terminal Tower
Cleveland, OH 44113
(216) 241-8230

7. SOCIO-SEXUAL KNOWLEDGE AND ATTITUDES TEST (SSKAT)
Designed for the Developmentally Delayed 100.00

Stolling Company
1350 South Kostner Avenue
Chicago, IL 60623
(312) 522-4500

Determines both sex knowledge and sex attitudes. Persons must have visual and verbal comprehension, but expressive language is not necessary. Kit includes tests, stimulus picture book, manual and 10 recording forms.

8. SPECIAL EDUCATION CURRICULUM ON SEXUAL EXPLOITATION
Each kit 400.00

Comprehensive Health Education Foundation
20814 Pacific Highway South
Seattle, WA 98118
(206) 824-2907

Level I - elementary (6-11 years)
Level II - adolescents (12-19 AND mentally retarded adults)

9. YOUR CHANGING BODY - A GUIDED SELF EXPLORATION

Institute for the Development of Creative Child Care
927 Bemis, SE
Grand Rapids, MI 49507

Designed for normal blind children, as well as non-blind, shy and reticent youngsters; preparation for the changes of puberty and understanding and direct approach to the questions asked about developing sexuality and "growing up."

10. PREVENTING SEXUAL ABUSE OF PERSONS WITH DISABILITIES - 1983 ..... 17.00
Minnesota Program for Victims of Sexual Assult
A Project of the Department of Corrections

Network Publications
PO Box 1830
Santa Cruz, CA 95061-1830

A curriculum for hearing impaired, physically disabled, blind and mentally retarded students.

11. THE CONTINUUM FOR SOCIAL/SEXUAL CURRICULUM AND PROGRAMMING SERVICES
Special Education - 1987 ..... 25.00

Wayne County Intermediate School District
33500 Van Born Road
Wayne, MI 48184

Attention: Ann Heler
Special Projects
Riley Center
9601 Vine
Allen Park, MI 48101
(313) 928-0841, (313) 928-0408

The Continuum follows the format of the Michigan Model K-12 curriculum developed by the Michigan Department of Education, Health and other agencies. The areas of objectives are in the disease prevention and control, personal health practices, nutrition education, growth and development, family health, substance abuse and use, consumer health, safety and first-aid education, community health and emotional and mental health. It also includes the Invisible Environment (curriculum for staff), crises intervention guidelines, a "226" pull-out section of objectives and strategies that includes AIDS education, resource lists, and models of parent and staff workshops.

12. THE PATHFINDER CURRICULUM - 1984
Human Growth and Development Program

St. Joseph Intermediate School District
Pathfinder Center
PO Box 187
Shimmel Road
Centreville, MI 49032

A complete, well-written curriculum for TMI and higher functioning students. This is a model "226" curriculum. Great objectives and resources!

13. HUMAN SEXUALITY: VALUES AND CHOICES - 1986 ..... 650.00

Search Institute
122 West Franklin
Minneapolis, MN 55404
(612) 870-9511

Written for 7-8 grades. Goals:

1. *Increase student knowledge about human reproduction and long-term effects of teen pregnancy;*
2. Increase students' frequency of conversation with parents regarding sexuality;
3. Increase students' support for restraint in sexual activity;
4. Decrease students' support for the sexual double standard;
5. Decrease students' support for sexual coercion;
6. Decrease students' behavioral intention to engage in sexual intercourse.

Text and videotapes.

14. YES YOU CAN! 14.95
Postage and handling 2.00
A Guide for Sexuality Education that Affirms Sexual Abstinence Among Young Teenagers.

Search Institute
122 West Franklin
Minneapolis, MN 55404
(612) 870-9511

15. TEACHING AIDS - A RESOURCE GUIDE ON ACQUIRED IMMUNE DEFICIENCY SYNDROME - 1988
Elementary School

Quackenbush & Sargent
Network Publications
PO Box 1830
1700 Mission Street, Suite 203
Santa Cruz, CA 95061

TEACHING MATERIALS

1. SLIDES - LIFE HORIZONS I AND II 399.00

James Stanfield Publishing Co.
PO Box 1983-A
Santa Monica, CA 90406
(800) 421-6534

Twelve (12) slide presentations to assist in teaching or training mentally handicapped persons the basic aspects of sexuality and related behavior; body parts, male and female puberty, social behavior, human reproduction, fertility regulation, venereal disease, marriage and parenting. They also have a series that is captioned for the deaf.

2. SEXUALITY EDUCATION FOR PERSONS WITH SEVERE DEVELOPMENTAL DISABILITIES 399.00

James Stanfield Publishing Co.
PO Box 1983-A
Santa Monica, CA 90406
(800) 421-6534

3. CIRCLES I, II, III 399.00
Strategies for teaching subtle and complex discriminations related to social distance.

Stanfield Film Associates
PO Box 1983-A
Santa Monica, CA 90406
(800) 421-6534

4. "NO--GO TELL!" - A CHILD PROTECTION CURRICULUM FOR VERY YOUNG DISABLED CHILDREN - 1986 ..... 300.00
The Lexington Center Foundation/Lexington School for the Deaf

Alexander Graham Bell Association for the Deaf
3411 Volta Place, NW
Washington, DC 20007

Easy-to-teach lessons that provide disabled children an opportunity to acquire skills necessary to protect themselves from sexual exploitation and abuse. The comprehensive curriculum packet contains:

1. Simply illustrated program that utilizes a system of fold-outs and flaps to make the abstract concepts of sexual exploitation and abuse easier to understand;
2. 11" x 17" varnished lesson panels with illustrations on one side and information for the teacher on the other. These include objectives and activities to reinforce the newly-acquired skills
3. Set of anatomically-correct boy and girl dolls for assisting with role-playing and demonstrating.
4. Teacher's manual and parents' manual;
5. Curriculum adaptations that make the materials relevant to the needs of various handicapping condition;
6. Post-it instruction test to insure that each child has acquired the necessary skills;
7. Five "NO-GO TELL!" posters for long-term classroom display.

5. GUIDELINES FOR TRAINING IN SEXUALITY AND THE MENTALLY HANDICAPPED
revised edition - 1988, Winifred Kempton ..... (plus postage & handling) 9.95

Planned Parenthood of SE Pennsylvania
1220 Sansom Street
Philadelphia, PA 19107
(215) 592-4108

6. THE RESOURCE CENTER

Planned Parenthood of SE Pennsylvania
1220 Sansom Street
Philadelphia, PA 19107
(215) 592-4108

The Resource Center has a very comprehensive collection on human sexuality; a reference library, audiovisual library, bookstore and mail-order service. Call for a free catalog.

7. MODELS OF HUMAN GENITAL ANATOMY

Jim Jackson Company
33 Richdale Avenue
Cambridge, MA 02140
(617) 864-9063

Latex rubber models, life-size, painted or unpainted, optional "real" pubic hair, includes vulva models; vaginal models with uterus; uterus models for demonstration of IUD insertion and menstruation; erect and flaccid penis models; and vasectomy/prostrate models.
CATALOG IS FREE.

8. MORAL REASONING - 1976
A Teaching Handbook for Adapting Kohlberg to the Classroom
Ronald E. Galbraith, Thomas M. Jones

Pennant Educational Materials
8265 Commercial Street, Suite 14
LaMesa, CA 92041
(714) 464-7811

9. THE PICTURE COMMUNICATION SYMBOLS
PCS Books I and II Combined
The Wordless Eduction - Sexuality Section

Mayer-Johnson Company
PO Box 1579
Solana Beach, CA 92075

These can be used either for communication boards or computer applications. Send for their complete catalog.

10. FILM - A MASTURBATORY STORY . . . . . purchase 225.00
. . . . . rental 22.50

Perennial Education, Inc.
930 North Pitner Avenue
Evanston, IL 60202
(800) 421-2363

(Also available at the Dearborn Henry Ford Centennial Library on Michigan Avenue, Dearborn)

A light, entertaining film presents a non-threatening, humorous discussion start and values clarification exercise of immense value in examining not only the sensitive subject of masturbation, but also the myriad other related areas in human sexuality. The film is positive, entertaining and valuable as a group "icebreaker".

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11. PICTURE DICTIONARIES

Many available. A variety of dictionaries is offered by

Don Johnson Developmental Equipment, Inc.
PO Box 639
1000 North Rand Road, Building 115
Wauconda, IL 60084
(312) 526-2682

Send for their free catalog.

12. SIGNS FOR SEXUALITY - A RESOURCE MANUAL - 1978
S. Doughton, M. Minken, L. Rosen

Planned Parenthood of Seattle/King Co.
2211 East Madison
Seattle, WA 98112

This is a dictionary of commonly-used, preferred, and conceptually accurate signs used in sexuality education. The 144 signs cover such areas as male and female reproductive organs, birth, types of contraception, relationships, and sexual feelings. The use of slang terms is avoided.

13. FILM: ON BEING SEXUAL

Stanfield House
900 Euclid Avenue
PO Box 3208
Santa Monica, CA 90403

Documentary film of parents and professionals talking about sexuality and the mentally retarded. The film emphasizes that the mentally retarded are sexual beings. Dr. Sol Gordon and Winifred Kempton, MSW, talk about the necessity of giving accurate, complete information.

14. HUMAN SEXUALITY: A PORTFOLIO FOR THE MENTALLY RETARDED 21.50
Planned Parenthood of Seattle-King County

Edmark Corporation
PO Box 3903
Bellevue, WA 98009-9990
(206) 746-3900

15. LIFE-SIZE INSTRUCTIONAL CHARTS KIT 75.00

Planned Parenthood of Minnesota
1965 Ford Parkway
St. Paul, MN 55116

Life-size charts of nude male and female with inserts for male, showing erection, ejaculation, urinary tract, and genital area. Charts for female shows menstruation, bony pelvis, fertilization, early fetal development, fetal development at fifth month, and ovulation.

16. LINDI PELVIC MODEL

Omni Education
190 West Main Street
Somerville, NJ 08876

Three-dimensional plastic female reproductive anatomy and physiology which separates to show interior of uterus, vagina. Designed for use in demonstrating diaphragm insertion.

17. EFFE DOLLS (Child-like)

Effe Dolls
c/o Mrs. Judith Franing
4812 48th Avenue
Moline, IL 61265
(309) 764-3048

18" visual aid ragdolls. Male doll has penis; female doll is pregnant, including a replica of a baby with umbilical cord and placental attachment. Sanitary belt and napkin included. Available in black or caucasian.

18. ANATOMICAL DOLLS - 1988

Father, mother, baby in utero	50.00
Two children (male and female)	30.00
Complete set	75.00

Ednick Communications
5424 SW Alta Mira Circle
Portland, OR 97201

Rag dolls, washable with all genitals and mouth and anal openings, tongues and realistic features. Guidebook explains how to use dolls to teach human awareness and the avoidance of exploitation.

19. CAPTIONED FILMS FOR THE DEAF

Modern Talking Press
5000 Park Street, N.
St.Petersburg, FL 33709

Send for their free catalog. They have some films on human reproduction and sexuality education.

20. FILMS

Focus International, Inc.
14 Oregon Drive
Huntington Station, NY 11746

1. David - Sexual Self-Help and Sexual Pleasuring
2. Female Masturbation

Both films are very graphic. Both depict a complete masturbation act. Female masturbation does not show pre or post hygiene procedures.

21. FILM - LIKE OTHER PEOPLE ..... purchase 374.00
..... rental 37.50

Perennial Education, Inc.
1825 Willow Road
Northfield, IL 60093

A deeply-moving film, dealing with the sexual, emotional, and social needs of the mentally or physically handicapped. The two central characters are persons with severe cerebral palsy who, by using their own words, make a plea for humanity for the understanding that they are "real" people.

22. FILM - BOARD 'N' CARE ..... rental 55.00

Pyramid Films
PO Box 1048
Santa Monica, CA 90406

Film focusing on relationships, choice issues and independence. Academy Award film.

23. AIDS - TRAINING VIDEO AND MANUAL 145.00
Training People with Disabilities to Better Protect Themselves ..... shipping 4.00

Young Adult Institute
460 West 34th Street
New York, NY 10001
(212) 563-7474

24. AN EASY GUIDE FOR CARING PARENTS:
SEXUALITY AND SOCIALIZATION ..... plus postage 5.95
Lyn McKee and Virginia Blackledge

Planned Parenthood of Contra Costa
1291 Oakland Blvd.
Walnut Creek, CA 94596
(415) 935-4066

25. SEX EDUCATION FOR PERSONS WITH DISABILITIES THAT HINDER LEARNING, ... 19.95
A Teacher's Guide, revised, 1988 plus postage and handling
Winifred Kempton

Stanfield Publishing Company
PO Box 1983-A
Santa Monica, CA 90406
(800) 421-6534

26. GOOD NEWS! ABOUT GROWING UP - 1983
A Sex Education Workbook geared for 6th to 8th grade level.
1-100 workbooks ..... 3.50 ea.

Dr. Mary Paonessa
1242 Key West Drive
Clawson, MI 48017
(313) 588-7850

Dr. Paonessa is available for classroom presentations, workshops, and curriculum consultation.

27. BUILDING A POSITIVE CLIMATE
A Curriculum Guide for Direct Care Staff who Teach and Care for People with Severe Disabilities

J. Famiglietti
Trellis Project
North Seattle Community College
Child and Family Education Division
9600 College Way North
Seattle, WA 98103

28. TAUGHT NOT CAUGHT, STRATEGIES FOR SEX EDUCATION - revised, 1988 . . . . . 20.00

The Clarity Collective
Ednick Communications
5424 SW Alta Mira Circle
Portland, OR 97208

ADDITIONAL HELPFUL MATERIAL

1. SEX EDUCATION GUIDELINES, INCLUDING REPRODUCTIVE HEALTH AND FAMILY PLANNING (P.A. 226, 1977) . . . . . free

Michigan Department of Education
PO Box 30008
Lansing, MI 49809
(517) 373-1484

This is the policy, rules and guidelines for sex education in Michigan's public schools.

2. THE DIGNITY OF RISK AND THE MENTALLY RETARDED . . . .15 ea.
Robert Perske

Association for Retarded Citizens of the United States
2501 Avenue J
Arlington, TX 76006
(817) 640-0204

3. DEVELOPING COMMUNITY ACCEPTANCE OF SEX EDUCATION FOR THE MENTALLY RETARDED - 1976
M.S. Bass

Human Sciences Press
New York, NY

This is the BASIC book for beginning any kind of sex education program. Excellent strategies.

4. SEXUALITY AND THE MENTALLY RETARDED - 1982
Rosalyn Kramer Monat Haller

College Hill Press

Rosalyn does workshops and has a series of videotapes available. Her work has some solid chapters on people who function in the severely mentally impaired range.

5. SEXUALITY, LAW AND THE DEVELOPMENTALLY DISABLED PERSON: LEGAL AND CLINICAL ASPECTS OF MARRIAGE, PARENTHOOD AND STERILIZATION 13.95
Haavik and Menniger

Brooks Publishing Company
PO Box 10624
Baltimore, MD 21204

6. VALUES IN SEXUALITY: A NEW APPROACH TO SEX EDUCATION - 1974 . . . . . 6.95
Eleanor Morrison and Mila Price

A and W Visual Library
New York, NY

Exercises and discussion activities that are designed to involve the participants in an examination and evaluation of their personal feelings and beliefs.

7. ABUSE AND NEGLECT OF HANDICAPPED CHILDREN - 1987 . . . . . 17.50
Sharon R. Morgan

College Hill Press
34 Beacon Street
Boston, MA 02108

Topics included pertain to legal definitions of different types of abuse, characteristic of abuse and neglect, recognition of abuse, reporting procedures, safeguards from false accusations, and programs or methodologies that could be considered abusive.

8. LOVE, SEX AND BIRTH CONTROL FOR MENTALLY RETARDED 2.95
A Guide for Parents - revised, 1985
Winifred Kempton, Medora Bass, Sol Gordon

Planned Parenthood of SE Pennsylvania
1220 Sansom Street
Philadelphia, PA 19107
(215) 592-4108

This Planned Parenthood unit has an excellent catalog! FREE! Book is also available in Spanish.

9. NEW YORK STATE SURROGATE DECISION-MAKING COMMITTEE PROGRAM: AN ALTERNATIVE TO THE COURTS FOR OBTAINING MEDICAL CONSENT

Irene Platt, Commissioner
Paul Stavis, Counsel

N.Anne Reed, Project Director, New York State
Commission on Quality of Care for the Mentally Disabled
Thomas P. Dorsey, Assistant Attorney General, Mental
Hygiene Bureau, New York State Department of Law

This program provides an alternative to the judicial system for obtaining necessary medical consent on behalf of mentally-impaired persons who are in need of major medical treatment.

To contact any of the people listed above, call:
Young Adult Institute
460 West 34th Street
New York, NY 10001-2382
(212) 563-7474

10. CHANGING INAPPROPRIATE SEXUAL BEHAVIOR
A Community-Based Approach for Persons with Developmental Disabilities - 1989
Griffiths, Quinsey & Hingsburger

Brookes Publishing Company
PO Box 10624
Baltimore, MD 21285

11. WHEN A PARENT IS MENTALLY RETARDED - 1990 ..... 24.00
Barbara Y. Whitman and Pasquale J. Accardo

Paul Brookes Publishing
PO Box 10624
Baltimore, MD 21285

REPRODUCTIVE HEALTH CATALOG RESOURCES

1. Network Publications
ETR Associates
PO Box 1830
Santa Cruz, CA 95061-1830

2. The Resource Center
Planned Parenthood of SE Pennsylvania
1220 Sansom Street
Philadelphia, PA 19107
(215) 592-4108

3. Ed-U-Press
7174 Mott Road
Fayetteville, NY 13066
(315) 637-9524
(Catalog: AIDS and the Urgency of Practicing Safer Sex)

4. Ednick Communications, Inc.
5424 Alta Mira Circle
Portland, OR 97201

5. Stanfield and Company
PO Box 1983
Santa Monica, CA 90406

6. Focus International (film/video catalog)
14 Oregon Drive
Huntington Station, NY 11746

7. Films for the Humanities and Science, Inc.
PO Box 2053
Princeton, NJ 08543

8. New Readers Press
Special Catalog Request Department
PO Box 131
Syracuse, NY 13214
(800) 448-8878
(1) School Catalog
(2) Catalog with <u>all</u> products available

9. National Committee for Prevention of Child Abuse
332 South Michigan Avenue, Ste. 950
Chicago, IL 60604-4357
(312) 663-3520

10. Pro-Ed.
8700 Shoal Creek Blvd.
Austin, TX 78758
(512) 451-3246

11. Paul Brookes Publishing
PO Box 10624
Baltimore, MD 21285

These companies currently have the best material available both for special and general education. Send a postcard to each, requesting to be placed on their catalog mailing list.

APPENDIX G

AIDS HOTLINES FOR EACH STATE

In the following list, phone numbers that begin with 1-800 are toll-free when called within that state. Telephone referral services for states marked by an asterisk (*) are provided by the National AIDS Hotline (800-342-AIDS). If you cannot reach the hotline for your state, call the National AIDS Hotline.

Alabama	1-800-228-0469
Alaska	1-800-478-2437
Arizona *	1-800-342-2437
Arkansas	1-800-445-7720
California	
Northern	1-800-367-2437
Southern	1-800-922-2437
Colorado	1-303-331-8320
Connecticut*	1-800-342-2437
Delaware	1-800-422-0429
District of Columbia	1-202-332-2437
Florida	1-800-352-2437
Georgia	1-800-551-2728
Hawaii (Oahu)	1-808-922-1313
Idaho	1-208-345-2277
Illinois	1-800-243-2437
Indiana	1-800-848-2437
Iowa	1-800-532-3301
Kansas	1-800-232-0040
Kentucky	1-800-654-2437
Louisiana	1-800-992-4379
Maine	1-800-851-2437
Maryland	1-800-638-6252
Massachusetts	1-800-235-2331
Michigan	1-800-872-2437
Minnesota	1-800-248-2437
Mississippi	1-800-826-2961
Missouri	1-800-533-2437
Montana	1-800-537-6187
Nebraska	1-800-782-2437
Nevada	1-702-885-4800
New Hampshire	1-800-872-8909
New Jersey	1-800-624-2377
New Mexico	1-800-545-2437
New York	1-800-541-2437
North Carolina	1-800-535-2437
North Dakota	1-800-472-2180
Ohio	1-800-332-2437
Oklahoma	1-800-522-9054
Oregon	1-800-777-2437
Pennsylvania	1-800-692-7254
Puerto Rico	1-809-765-1010
Rhode Island	1-401-277-6502
South Carolina	1-800-322-2437
Tennessee	1-800-525-2437
Texas	1-800-248-1091
Utah	1-800-537-1046
Vermont	1-800-882-2437
Virgin Islands	1-809-773-1311
Virginia	1-800-533-4148
Washington	1-800-272-2437
West Virginia	1-800-642-8244
Wisconsin	1-800-334-2437
Wyoming	1-800-327-3577

National AIDS Hotline: 1-800-342-AIDS
Spanish Access: 1-800-334-SIDA
Deaf Access: 1-800-AIDS-TTY

INSTRUCTIONAL MATERIALS

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INSTRUCTIONAL MATERIALS

The instructional materials described here have been developed especially for use with the lessons in the SAFE Curriculum Package. For an overview of how these materials fit in with the lessons, please see the outline in Chapter 3, *Overview of the Curriculum Package*. The materials are stored in the pocket and on the flap at the back of the notebook.

ILLUSTRATED BROCHURES

The brochures are designed for parents or learners (as noted) to keep so they can review information at a time and place that is convenient for them. Ten copies of each brochure are included. If more are needed, instructors may photocopy additional copies.

PREVENTING AIDS: Information for parents of Adolescents and Adults who have Developmental Disabilities	For parents, or other interested parties when making decisions about an HIV/AIDS prevention program.
You Can't Get AIDS by Shaking Hands	For use with Lesson 5, **How Do People Get the AIDS Virus?**
Beverly Cleans Up Blood Safely	For use with Lesson 8, **How Can I Protect Myself If Someone Near Me is Bleeding?**
Using Condoms	For use with Lesson 12, **How Do People Use Condoms?**

VIDEO SEGMENTS

Cassette 1

- A *Russell Talks Abut the AIDS Virus* 6 minutes
- B *Beverly Cleans Up Blood Safely, 5 minutes*
- C Saying "No" to Unwanted or Unprotected Sexual Activities, 10 minutes
- D *Teaching People how to Use Condoms*, 7 mintues
- E *Insisting on Safer Sex Practices*, 4 minutes

Cassette 2

- F *Using Condoms*, 4 minutes

ILLUSTRATIONS AND SLIDES

Illustrations come as slides and full page drawings so instructors may use the format of their choice.

lesson	description
1	Person sick in bed 1.1
	David and Bev at bus stop talking about Tom 1.2
2	A person bleeding from a cut 2.1
	Couple in bed, embracing, covered with at sheet. Ambiguous about whether they are having intercourse or not. 2.2
	A syringe used to inject drugs 2.3
	Man on bus holding cloth over nose of seated man who is bleeding 2.4

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lesson	description	
3	3.1 David touching Bev's arm and asking, "Bev, can anyone get the AIDS virus?"	3.2 Group of people showing differences in age, sex, ethicnity, and socio-economic status
4	 (1.1) Person sick in bed	4.1 David and Bev at table in cafeteria. David is asking, "Is it true that people who look healthy could have the virus?"
	4.2 Group of people showing differences in age, sex, ethnicity and socio-economic status	4.3 Another group
	4.4 Another group	4.5 Another group

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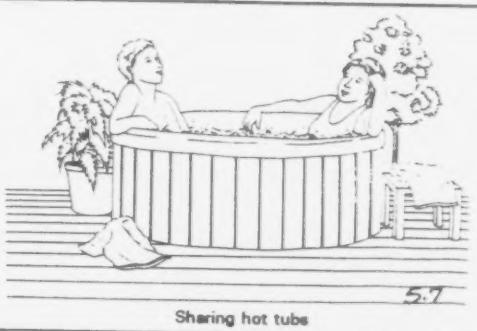
lesson	description
5	 5.1 David and Clyde at table in cafeteria
	 5.2 Hand bleeding from a cut
	 5.3 Nude woman, frontal view, droplets of moisture coming from vagina
	 5.4 Nude man, profile with droplets of moisture coming from erect penis
	 5.5 Shaking hands
	 5.6 Sharing phones
	 5.7 Sharing hot tubs
	 5.8 Wiping noses

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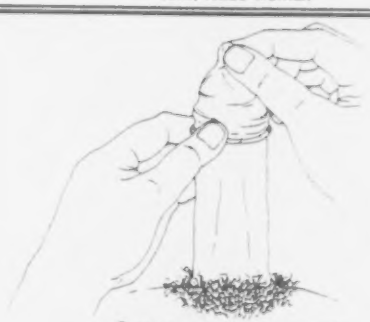
lesson	description
5 cont.	Changing Diapers 5.9
	Mosquitos 5.10
	Hugging 5.11
	Toilets 5.12
7	(5.3) Nude woman
	(5.4) Nude man
10	 Putting a condom on a penis 10.1

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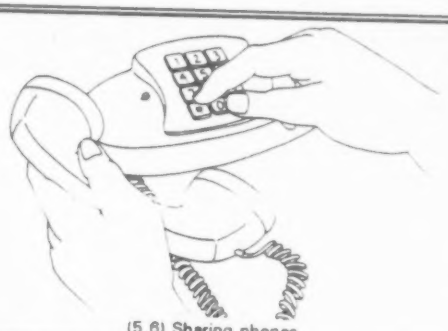
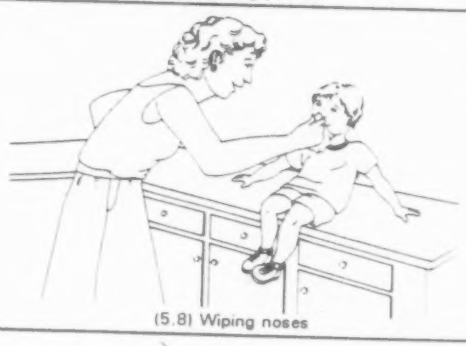
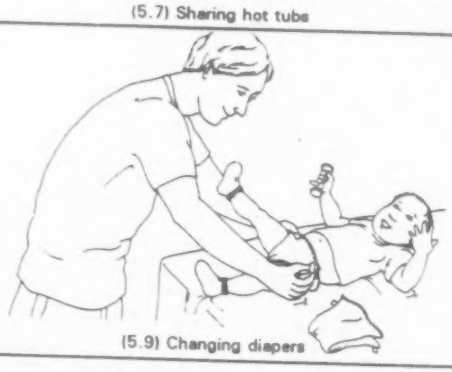
lesson	description
13	13.1 Places to store condoms: coat pocket/drawer with clothing
16	 (5.5) Shaking hands  (5.6) Sharing phones (5.7) Sharing hot tubs  (5.8) Wiping noses  (5.9) Changing diapers (5.10) Mosquitos

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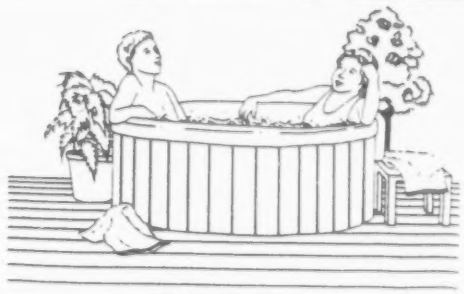
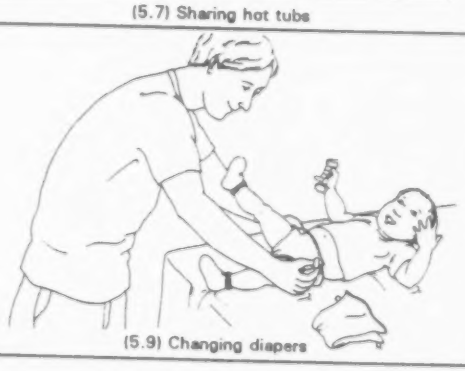
lesson	description
16 cont.	(5.11) Hugging (5.12) Toilets
17	(5.5) Shaking hands (5.6) Sharing phones
	 (5.7) Sharing hot tubs (5.8) Wiping noses
	 (5.9) Changing diapers (5.10) Mosquitos

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lesson	description	
17 cont.	(5.11) Hugging	(5.12) Toilets

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